

BOROUGH OF ILKESTON.

.....
.....

Annual Health

— AND —

School Medical

Report

For the Year 1931

BY

H. L. BARKER

M.D. B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H.

**Medical Officer of Health, Medical Superintendent of
the Isolation Hospital, Superintendent of Maternity
Home, and School Medical Officer.**

BOROUGH OF ILKESTON.

.....
.....

Annual Health

— AND —

School Medical

Report

For the Year 1931

BY

H. L. BARKER

M.D. B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H.

Medical Officer of Health, Medical Superintendent of
the Isolation Hospital, Superintendent of Maternity
Home, and School Medical Officer.

BOROUGH OF ILKESTON

HEALTH, MATERNITY AND CHILD WELFARE COMMITTEE.

THE MAYOR (Councillor	Councillor L. MIDGLEY.
H. E. BEARDSLEY).	„ J. REEVE.
Alderman J. WOOLLEY (<i>Chairman</i>).	„ J. RICHARDSON.
„ H. MOSS.	„ G. RILEY.
„ W. SHAKSPEARE.	„ J. E. SMITH.
„ S. SHAW.	„ W. SMITH.
„ E. SMITH.	Mrs. BALL.
Councillor G. H. BROUGHTON.	„ BOSTOCK.
„ J. HENSHAW.	„ BROUGHTON
„ E. A. HESKETT.	„ HARTSHORN.
„ J. KIRK.	„ JONES.
„ W. LACEY.	„ MITCHELL.
„ Mrs. J. B. D. McINTYRE.	„ SQUIRES.
„ S. MANNERS.	„ THORNHILL.

GENERAL WORKS AND HOUSING COMMITTEE.

THE MAYOR (Councillor	Councillor W. LACEY.
H. E. BEARDSLEY).	„ Mrs. J. B. D. McINTYRE.
Alderman H. MOSS (<i>Chairman</i>).	„ J. A. MACDONALD.
„ AMOS HENSHAW.	„ S. MANNERS.
„ S. SHAW.	„ L. MIDGLEY.
„ E. SMITH.	„ J. RICHARDSON.
„ J. WOOLLEY.	„ F. G. ROBINSON.
Councillor G. H. BROUGHTON.	„ J. E. SMITH.
„ J. HENSHAW.	„ W. SMITH.
„ E. A. HESKETT.	„ H. TRUEMAN.
„ J. KIRK.	„ G. W. WOOLLISCROFT.



PUBLIC HEALTH STAFF (1931).

Medical Officer of Health and Superintendent of the Isolation Hospital :

H. L. BARKER, M.D., B.S.(Lond.), M.R.C.S.,
L.R.C.P., D.P.H.—(1).

Obstetric Physician to the Maternity Home and Medical Officer to Central Welfare Centre :

ARTHUR DOBSON, M.R.C.S., L.R.C.P.—(1) (2).

Physician to Ante-Natal Clinic :

MARGARET GLEN BOTT, M.B., B.S.(Lond.), M.R.C.S., L.R.C.P.
(1) (2).

Tuberculosis Officer (appointed by Derbyshire County Council) :

C. KINGSTON, M.R.C.S., L.R.C.P., D.P.H.

Orthopædic Surgeon :

G. A. Q. LENNANE, M.A., M.B., B.Ch.—(1) (2).

Obstetric Consultant :

C. D. LOCHRANE, M.D., F.R.C.S.Ed.—(1) (2).

Senior Sanitary Inspector :

JOSEPH B. DURO, C.R.S.I. (1).

Sanitary Inspector :

C. E. ADCOCK, C.R.S.I. (1).

Health Visitors and School Nurses :

Miss M. E. SHERLOCK, C.M.B., New H.V. Cert.	(1).
Miss H. BLAIR, C.M.B.	(1).
Miss L. OTTEWELL,, C.M.B.	(1).
Miss M. GARDINER, C.M.B.	(1).

Matron Isolation Hospital :

Miss A. M. JOHNSTON.

Matron, Maternity Home :

Miss L. WELLS, C.M.B.

Tuberculosis Nurse (appointed by Derbyshire County Council) :

Miss E. WEBSTER, C.M.B.

Clerks :

Miss L. TRUEMAN.

Miss H. CLARKE.

(1) = *Exchequer Grants.*

(2) = *Part-time Officers.*

*To the Chairman and Members of the Health, Maternity and Child
Welfare and Housing Committees of the Borough of Ilkeston.*

TOWN HALL,
ILKESTON.

LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report on the general Health circumstances of the Borough of Ilkeston for the year 1931.

This Report is compiled in the form suggested by the Ministry of Health and follows the plan of other years so that comparisons can be readily made.

The year has been very full of work and I have to thank the Staff of the Health Department for their assistance and loyal support.

To the Chairman and Members of the Committees I tender my thanks for their help and sustained interest in all matters that affect the health of the inhabitants of this town.

I have the honour to remain,

Your obedient Servant,

H. L. BARKER.

SECTION I.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres)	..	..	..	..	..	..	2,526
Population :—							
Census, 1921	..	..	..	..	..	..	32,266
Estimated 1930	..	..	..	..	..	..	33,220
Estimated 1931	..	..	..	..	..	..	33,200
No. of Inhabited Houses (1921)	..	..	..	..	..	..	6,680
No. of Inhabited Houses (1931)	..	..	..	..	..	..	7,432
No. of Families or Separate Occupiers (1921)	..	..	..	..	..	..	7,094
Rateable Value, 31st March, 1931	..	..	..	..	..	..	£114,726
Sum represented by a Penny Rate	..	..	..	..	..	..	£444
Rates 14s. 0d. in the £ (1930–31).							

EXTRACTS FROM VITAL STATISTICS.

Live Births.	TOTAL.	M.	F.	Birth Rate.
Legitimate ..	580	315	265	} 18.01
Illegitimate ..	18	6	12	
	—	—	—	
	598	321	277	

The Birth Rate for England and Wales for 1931 was 15.8.

Still Births.	TOTAL.	M.	F.
Legitimate ..	35	23	12
Illegitimate ..	1	—	1
	—	—	—
	36	23	13

Rate per 1,000 total births (live and still births) 56.7

Deaths.	TOTAL.	M.	F.	Ilkeston.	Death Rate.
	388	224	164	11.68	Eng. & Wales.
					12.3

Number of Women dying in, or in consequence of, Child Birth :—

From Sepsis	..	..	..	1
From other causes	..	..	..	1

Maternal Mortality Rate per 1,000 live births .. 3.34

Infant Mortality.

Death rate of Infants under 1 year of age per 1,000 births :—

Legitimate per 1,000 legitimate births	..	63.79
Illegitimate per 1,000 illegitimate births	..	222.2
Total per 1,000 live births	..	68.56
Rate for England and Wales	..	66

Specified Deaths.

Measles (all ages)	..	..	1
Whooping Cough (all ages)	..	..	1
Diarrhoea (under 2 years)	..	..	9

BIRTH-RATE, DEATH-RATE, and ANALYSIS OF MORTALITY

DURING THE YEAR 1931. (Provisional figures).

(The mortality rates for England and Wales refer to the whole population but for London and the towns to civilians only).

	RATE PER 1,000 TOTAL POPULATION.		ANNUAL DEATH-RATE PER 1,000 POPULATION.								RATE PER 1,000 LIVE BIRTHS.		
	Live Births.	Still-births.	All Causes	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under two years.	Total Deaths under one year.
England and Wales	15·8	0·67	12·3	0·01	0·00	0·08	0·01	0·06	0·07	0·36	0·54	6·0	66
107 County Boroughs and Great Towns, including London.	16·0	0·67	12·3	0·00	0·00	0·10	0·01	0·07	0·08	0·33	0·48	8·4	71
159 Smaller Towns (1921 Adjusted Populations 20,000-50,000).	15·6	0·73	11·3	0·00	0·00	0·07	0·01	0·05	0·05	0·36	0·43	4·0	62
London	15·0	0·50	12·4	0·01	0·00	0·03	0·02	0·07	0·06	0·26	0·57	9·7	65
ILKESTON	18·01	1·08	11·68	0·00	0·00	0·03	0·00	0·03	0·00	0·63	0·99	15·05	68·56

The maternal mortality rates for England and Wales are as follows :
{
per 1,000 Live Births
per 1,000 Total Births
}

Puerperal Sepsis.
Others.
Total.

1·66
2·45
4·11

1·59
2·35
3·95

Below is given a table which analyses the causes of the 388 deaths, and the ages at which they occurred:—

CAUSES OF DEATH.	SEX	ALL AGES	0-1	1-2	2-5	5-15	15-25	25-45	45-65	65-75	75up
ALL CAUSES	M.	224	22	9	3	4	8	25	69	52	32
	F.	164	19	4	2	4	9	22	38	27	39
1. Enteric Fever	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
2. Measles	M.	1	—	1	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
3. Scarlet Fever	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
4. Whooping Cough	M.	1	—	1	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
5. Diphtheria	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
6. Influenza	M.	13	3	—	—	1	—	3	6	—	—
	F.	8	—	—	—	—	1	3	1	1	2
7. Encephalitis Lethargica ..	M.	1	—	—	—	—	—	1	—	—	—
	F.	1	—	—	—	—	—	1	—	—	—
8. Cerebro Spinal Fever ..	M.	1	—	1	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
9. Tuberculosis of Respira- tory System.	M.	7	—	—	—	—	1	3	3	—	—
	F.	5	—	—	—	—	1	4	—	—	—
10. Other Tuberculosis Dis- eases	M.	2	—	—	1	—	1	—	—	—	—
	F.	3	—	—	1	1	1	—	—	—	—
11. Syphilis	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
12. General Paralysis and Tabes.	M.	1	—	—	—	—	—	1	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
13. Cancer, Malignant Diseases	M.	22	—	—	—	—	—	—	13	7	2
	F.	17	—	—	—	—	—	4	9	3	1
14. Diabetes	M.	3	—	—	—	—	—	1	1	1	—
	F.	1	—	—	—	—	—	—	1	—	—
15. Cerebral Haemorrhage ..	M.	8	—	—	—	—	—	—	—	5	3
	F.	11	—	—	—	—	—	1	3	5	2
16. Heart Disease	M.	32	—	—	—	1	—	—	11	9	11
	F.	39	—	—	—	—	2	5	12	9	11
17. Aneurism	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
18. Other Circulatory Diseases	M.	15	—	—	—	—	—	—	7	8	—
	F.	11	—	—	—	—	—	—	1	2	8
19. Bronchitis.. .. .	M.	12	2	—	—	—	—	—	2	5	3
	F.	7	—	—	—	—	—	—	3	1	3
20. Pneumonia (all forms) ..	M.	21	5	5	—	1	—	1	5	3	1
	F.	16	4	3	—	2	1	—	3	3	—
21. Other Respiratory Diseases	M.	2	—	—	—	—	—	—	—	2	—
	F.	—	—	—	—	—	—	—	—	—	—
22. Peptic Ulcer	M.	3	—	—	—	—	—	1	1	—	1
	F.	—	—	—	—	—	—	—	—	—	—
23. Diarrhoea, etc. (under 2 years)	M.	6	5	1	—	—	—	—	—	—	—
	F.	3	3	—	—	—	—	—	—	—	—
24. Appendicitis	M.	1	—	—	—	—	1	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
25. Cirrhosis of Liver	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
26. Other Diseases of Liver, etc.	M.	1	—	—	—	—	—	—	—	1	—
	F.	1	—	—	—	—	—	—	1	—	—
27. Other Digestive Diseases	M.	2	1	—	—	—	—	—	—	1	—
	F.	5	1	—	1	—	—	2	1	—	—

Below is given a table which analyses the causes of the 388 deaths, and the ages at which they occurred:—

CAUSES OF DEATH.	Sex	ALL AGES.	0-1	1-2	2-5	5-15	15-25	25-45	45-65	65-75	75 up
28. Acute and Chronic Nephritis	M.	7	—	—	—	—	—	2	3	1	1
	F.	2	—	—	—	—	—	1	—	—	1
29. Puerperal Sepsis	M.	—	—	—	—	—	—	—	—	—	—
	F.	1	—	—	—	—	1	—	—	—	—
30. Other Puerperal Causes ..	M.	—	—	—	—	—	—	—	—	—	—
	F.	1	—	—	—	—	1	—	—	—	—
31. Cong. Debility and Malformation, Prem. Birth	M.	5	5	—	—	—	—	—	—	—	—
	F.	9	9	—	—	—	—	—	—	—	—
32. Senility	M.	13	—	—	—	—	—	—	1	5	7
	F.	12	—	—	—	—	—	—	—	3	9
33. Suicide	M.	11	—	—	—	—	—	4	5	2	—
	F.	—	—	—	—	—	—	—	—	—	—
34. Other Deaths from Violence	M.	20	1	—	2	1	3	5	8	—	—
	F.	2	—	—	—	1	—	—	1	—	—
35. Other Defined Diseases..	M.	13	—	—	—	—	2	3	3	2	3
	F.	9	2	1	—	—	1	1	2	—	2
36. Causes ill-defined or unknown	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—

Deaths from Violence.

The deaths from violence were much greater than is usual and call for some comment. These deaths are classified into two groups, namely, those due to suicide of which there were 11, and those due to other forms of violence of which 22 occurred.

SUICIDES. The salient facts with reference to the cases of suicide are that all the 11 persons were males and that 6 met their death by drowning. The ages were evenly spread over the mature years of life and were as follows:—27, 30, 40, 44, 49, 50, 57, 58, 62, 66 and 70. When discussing this group it would be well to bear in mind what number of deaths from suicide are to be expected in a community of the size of Ilkeston. On referring to the latest review of the Registrar General it is found that the crude death rate for suicide was 127 per million living for all persons in 1930 in England and Wales, the figure for this cause having risen steadily from 90 in 1920. At the present rate the number of suicides in a year in this town would be 4. During the 13 years previous to 1931 the total number of suicides was 49, and the average number per year was 3.7. With regard to the sexes, 40 were males and 9 females, giving a ratio of 4.4 to 1. Whereas the figures for England and Wales show a ratio of about 2.5 to 1 female. The number of suicides recorded in 1931, namely 11, is therefore abnormally high, and the fact that all were males is unusual. Perhaps this latter fact bears some relation to the reasons which actuated the persons to commit suicide. On looking through the reports of the inquests it is

gathered that at least seven out of the total persons were worried in some way by trouble in connection with their business or work, and this is a circumstance which must affect men rather than women. It is also likely that the present economic conditions had some share as a casual factor.

With regard to the methods adopted by persons intent on suicide it would appear that they use the means which is most conveniently to hand, though there is some difference in the methods chosen by the two sexes. In London both sexes seem to resort most frequently to suffocation by gas and the taking of poison comes second in order of frequency. In the larger towns gas is still the commonest method used, especially by women, but drowning becomes a more frequent method for both sexes, and hanging and self wounding is common in males. In rural districts it appears that hanging is the most frequent method used by males and then come drowning, the use of firearms and cutting methods in order of frequency. The commonest method employed by women in rural areas is drowning and secondly the taking of poison. It seems that women naturally tend to avoid all wounding methods and prefer the use of gas, drowning and poison in the order given. In the local series of cases under review the methods used were drowning 6, hanging 3, coal gas 1 and cut throat 1. The finding of the coroner or jury with regard to the state of mind of these persons is not of much value. It is easy to guess their state of mind, but very difficult to know what practical steps can be taken to prevent these unfortunate cases.

DEATHS DUE TO OTHER VIOLENCE. This group of cases, 22 in number, is also remarkable in that all were males except one, a child of 5 years. The deaths can readily be classified as follows :—

Miscellaneous accidents (burns 1, fall 1)	2
Found drowned	2
Industrial accidents	6
Accidents due to motor vehicles	12

Of the 12 deaths due to motor vehicles 6 persons were riding on vehicles which were involved in collisions and 6 were pedestrians who were run over. The ages of the latter are significant, and are as follows :—2, 3, 5, 50, 53, 61. They seem to fall into two groups, namely, the young children not yet old enough to appreciate danger, and secondly, the older and less active. During the last fourteen years the average number of deaths from “ other forms of violence ” was 13.7.

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES.**Hospitals provided or subsidised by the Local Authority.**

- (1) **FEVER.**—The Corporation Isolation Hospital is situated at Little Hallam on an excellent site with an open aspect. On a basis of 144 square feet per bed it has accommodation for 10 beds, though there are actually 25 beds. Persons resident outside the area have been admitted when request has been made. The Medical Officer of Health is the Medical Superintendent, and the nursing staff comprises a matron, sister and two probationers.
- (2) **SMALL POX.**—There is no separate Small Pox Hospital. Cases of Small Pox are treated in the Isolation Hospital if there are no cases of other infectious disease.
- (3) **MATERNITY HOME.**—The Municipal Maternity Home is situated in Park Avenue and contains nine beds for maternity cases. In 1931 the total number of cases was 184, of which 20 were resident outside this area. The Medical Officer of Health is the Medical Superintendent, and Dr. A. Dobson is the Obstetric Physician. Any practitioner, however, may attend his own patients by arrangement. The nursing staff consists of a matron, sister and two trained nurses. The Home is recognised by the Central Midwives Board as a training school for one pupil midwife.

The above hospitals are under the management of the Public Health Committee of the Council.

Hospitals provided by the County Council.

- (4) **TUBERCULOSIS.**—The Sanatorium at Penmore is for the treatment of advanced female cases of pulmonary tuberculosis. Advanced male cases are accommodated at the Whitworth Hospital. Other pulmonary cases are treated at the Walton Sanatorium.

Cases of non-pulmonary tuberculosis are treated at the Bretby Hall Orthopaedic Hospital.

- (5) **ORTHOPÆDIC.**—Orthopædic cases from this area are treated at the Bretby Hall Orthopædic Hospital. This arrangement is part of the approved orthopædic scheme of this Authority.

CLINICS AND TREATMENTS CENTRES.

	SITUATION.	MEDICAL OFFICER IN ATTENDANCE.	WHEN HELD.	ACCOMMODATION.	PROVIDED BY
MATERNITY AND CHILD WELFARE CENTRES	(1) Albert Street	Dr. Dobson	Tuesdays, 2—4 p.m.	3 rooms	Ilkeston Corporation.
	(2) Wesley Street	M.O.H.	Thursdays, 2—4 p.m.	3 rooms	do.
ANTE-NATAL CLINIC	Albert Street	Dr. Glen Bott	First three Mondays in Consultation and month 2—5 p.m.	waiting room	do.
SCHOOL CLINIC	Albert Street	M.O.H.	Daily, 10—12. M.O.H. attends Tues- days and Thursdays.	3 rooms	do.
TUBERCULOSIS DISPENSARY	Albert Street	Dr. Kingston	Wednesdays, a.m. and p.m.	3 rooms	Derbyshire C.C.
V.D. TREATMENT CENTRES	(1) 35 North Church St., Nottingham.	—	—	—	Nottingham C.B.C.
	(2) Derbyshire Royal Infirmary, Derby.	—	—	—	Derby C.C. and C.B.C. jointly.

- (6) **BASFORD INSTITUTION.**—This former Poor Law Hospital is used by persons resident in this area. It is administered by the County Public Assistance Committee. Accommodation is available for Unmarried Mothers, Illegitimate Infants and Homeless Children.

Other Hospitals.

- (7) **THE DERBYSHIRE HOSPITAL FOR WOMEN.**—This authority has an arrangement for the admission of cases of puerperal fever and puerperal pyrexia to the above hospital, which is situated in Derby.
- (8) **ILKESTON HOSPITAL.**—This is a small voluntary general hospital situated in Heanor Road, consisting of 60 beds, of which 14 beds are for children. It has departments for X-ray, ultra-violet light, massage and dental treatment. It is managed by a Board of Governors, and the Honorary Medical Staff consists of three visiting surgeons and three visiting physicians and a dental surgeon. There is also a consulting physician and a consulting surgeon.
- (9) Other Hospitals which are used by residents of this area are :
- NOTTINGHAM GENERAL HOSPITAL.
 - NOTTINGHAM CHILDREN'S HOSPITAL.
 - NOTTINGHAM HOSPITAL FOR WOMEN.
 - NOTTINGHAM THROAT, EAR AND NOSE HOSPITAL.
 - NOTTINGHAM EYE INFIRMARY.
 - HARLOW WOOD ORTHOPÆDIC HOSPITAL.
 - DERBYSHIRE ROYAL INFIRMARY.
 - DERBYSHIRE HOSPITAL FOR SICK CHILDREN.

MATERNITY HOME. The keen demand for beds has been maintained during the year and at times the available accommodation has not proved sufficient. It was unfortunately necessary to refuse the booking of beds in the case of 13 applicants owing to the lack of accommodation. This fact seems to indicate the need for the provision of a greater number of beds for maternity cases in this area.

ISOLATION HOSPITAL. The position as regards the provision of more adequate means for the treatment of cases of infectious disease remains unaltered. The proposals arising out of Section 63 of the Local Government Act, 1929, were discussed in last year's report. Nothing further has been decided in connection with the County scheme. The present hospital was built for the treatment of one disease only, namely, smallpox, and as long as only one disease is being treated it is sufficient for the purpose. But the difficulty

arises when infectious diseases of different kinds occur within the borough and require removal to hospital. It occasionally happens, therefore, that cases cannot be accommodated in this hospital, owing to the presence of patients suffering from some other infectious disease. It is also becoming increasingly difficult to arrange for their admission to the fever hospitals of other Authorities. And even when this can be arranged it is uneconomical to pay for their maintenance at other hospitals when, as is often the case, the majority of the beds at the Ilkeston fever hospital are vacant. It must also be remembered that there is no separate provision in this borough for cases of smallpox and seeing that considerably less than half of the growing generation are protected by vaccination it is more than likely that an outbreak of smallpox will occur in the near future. If such an outbreak should coincide with the occurrence of other infectious disease this Authority would be saddled with the expense of maintaining cases of fever of one sort or another in hospitals belonging to other Authorities.

The present situation should be squarely faced. In the writer's opinion the best solution of the problem would be to reserve the existing hospital for the purpose for which it was primarily intended, that is as a smallpox hospital. For the treatment of cases of other infectious disease a new modern hospital should be established on the adjoining site which was purchased some years ago for this very purpose.

Ambulance Facilities.

- (a) FOR INFECTIOUS CASES.—This Authority possesses a Morris Commercial Fever Ambulance capable of carrying two lying patients and two or three sitting patients. It is fitted with a zinc-lined compartment for the transport of infected bedding. This ambulance was acquired in 1930.
- (b) FOR NON-INFECTIOUS AND ACCIDENT CASES.—A new Ford Ambulance owned by the Derbyshire Branch of the British Red Cross Society is kept at the Corporation garage and is readily available when needed.

Clinics and Treatment Centres.

Particulars with regard to the various clinics are shown in tabular form. There is no day nursery and no artificial light clinic belonging to this Authority. The accommodation at the main clinic in Albert Street has proved to be insufficient, and plans for its extension have now been approved. The clinic premises have been purchased from the County Council. Provision will be made for an orthopædic clinic and for a separate dental room.

Nursing in the Home.

- (a) **GENERAL.**—Two Nursing Associations exist in the Borough, viz., the Ilkeston and the Cotmanhay Nursing Associations. The funds to support these are raised by voluntary contributions and by payments from patients. The nurses work under the directions of the local practitioners.
- (b) **INFECTIOUS DISEASES.**—The same two Associations undertake the nursing of infectious diseases such as measles and pneumonia. The Corporation subsidises the Associations to the extent of £20 a year, and in return the nurses undertake the nursing of cases referred to them by the local Authority.

Midwives.

There were 11 midwives practising in the area during the year, of which 9 were certificated and 2 were *bona-fide* midwives practising previous to 1903. Midwives are neither employed nor subsidised by the Corporation for work in the district.

Registration of Maternity and Nursing Homes.

There are no registered Homes in the Borough. During the year no applications were received for the registration of any Home.

Laboratory Facilities.

The examination and analysis of clinical material, water, milk and food stuffs is usually performed at the bacteriological and chemical laboratories belonging to the County of Derby.

Legislation in force.

- (1) General Adoptive Acts in force :—

Public Health Acts (Amendment) Act 1890, Parts II to V inclusive ; adopted 1890.

Infectious Diseases (Prevention) Act, 1890 ; adopted 1902.

Public Health Acts (Amendment) Act, 1907, Parts II, V, VI ; III, Secs. 34 to 50 inclusive ; IV, Secs. 52 to 66 inclusive, and Sec. 68 ; X, Secs 92, 93 and 95 ; adopted December, 1911.

Public Health Act, 1925, Parts II to V inclusive ; adopted March 1st, 1926.

- (2) By-laws relating to Public Health in force :—

Slaughter Houses, 1893 ; Dairies, Cowsheds and Milk Shops, 1907.

Tents, Vans and Sheds, 1914. Common Lodging Houses, 1914.

New Streets and Buildings, 1926.

SECTION III.

SANITARY CIRCUMSTANCES OF THE AREA.

Water. In last year's report a description was given of the system of water supply, and mention was made of the forthcoming extensions which would remedy the hand-to-mouth situation which had existed for some years. Good progress has been made with all the new work. At the Waterworks belonging to the Ilkeston and Heanor Water Board the new engine house and the extension to the boiler house have been completed and the new pumps and boilers have been installed. The new softening plant is in process of completion and the duplicate 18-inch main from the works to the Chadwick Nick reservoir has been laid down. The 15-inch main from the latter reservoir to Codnor has been duplicated, and it is expected that the whole extension will be in operation at the end of the current year. Work on the new reservoir at Marlpool belonging to the Corporation is well advanced and when completed will provide additional storage for two million gallons of water. A new 14-inch main from the new reservoir to the Shipley reservoir is nearly completed.

Within the borough no extension of mains took place during the year, but the following lengths of 3 inch mains were replaced by 6-inch mains :—Cotmanhay Road, 500 yards ; Hallam Fields Road, 613 yards ; Thurman Street, 200 yards. In addition, numerous dead ends were converted into through circuits.

Throughout the year the quantity of water supplied to the town was satisfactory and the quality was excellent. Like most public water supplies this water is chlorinated as an additional safeguard. On several occasions, however, over-chlorination has been performed at the Waterworks, with the result that the water has developed the characteristic objectionable " iodoform " taste. Although it is quite harmless, yet some persons find this taste nauseating, and moreover, its presence tends to arouse suspicions in the minds of the public regarding a water which is of thoroughly good quality. Greater care should therefore be taken to avoid any unpleasant taste.

Samples of the water have been taken by the medical officer at regular intervals and have been submitted to analysis. A copy of the latest report is given on next page. This is typical of the remainder.

Analysis of Ilkeston Water.

Chemical Examination.

Parts per 100,000.

Total Solids	..	..	..	..	..	18.00.
Chlorine	..	..	..	..	..	1.42.
Nitric Nitrogen		..	..	..	..	0.08.
Free Ammonia		..	..	..	..	0.004.
Albuminoid Ammonia			..	..	..	0.0004.
Temporary Hardness			..	..	..	5.50.
Permanent Hardness	..		..	..	..	6.50.

Bacteriological Examination.

Total number of organisms growing in Gelatin				
at 21° C. in 48 hours	..	..	..	7 per c.c.
Total number of organisms growing on Agar				
at 37° C. in 48 hours	..	..	..	3 per c.c.
Bacillus Coli	..	..	..	Absent in 100 c.c.s.

Report. “This sample is of excellent quality.”

Water Consumption.

A table is given showing the consumption of water during the last three years.

Water Consumption for years ending :—	March, 1930.	March, 1931.	March, 1932.
INSIDE AND OUTSIDE OF THE BOROUGH.			
Consumption for all purposes	356,613,000	367,091,000	362,926,000
Average Daily Consumption	977,021	1,005,728	991,601
Total Domestic Consumption	264,736,000	268,618,000	265,594,000
Total Trade Consumption	91,877,000	98,473,000	97,332,000
Consumption per head per day, Domestic	21·10	21·41	21·61
" " " Trade	7·32	7·84	7·62
Total Consumption per head per day	28·42	29·25	29·23
Estimated population inside and outside	34,360	34,370	33,570 (corrected).
INSIDE THE BOROUGH <i>only</i>.			
Total Consumption for Domestic purposes	261,967,000	265,762,000	262,740,000
" " Trade purposes	52,849,000	53,588,000	56,905,000
Consumption per head per day, Domestic	21·11	21·41	21·62
" " " Trade	4·26	4·32	4·68
Total Consumption per head per day	25·37	25·73	26·30
Estimated Population inside Borough	34,000	34,000	33,200 (corrected).
Estimated Consumption outside Borough for Domestic Purposes	2,769,000	2,856,000	2,854,000
Consumption outside Borough—Measured Supply	39,028,000	44,885,000	40,427,000

Rivers and Streams.—The work of supervising the condition of the rivers and streams is carried out by the Trent Fishery Board. Every effort is made to prevent pollution from this area. The extension to the sewage works now in progress will ensure that the effluent will be of a high standard of purity.

Drainage and Sewerage.—During the year there were no extensions of street sewers, but numerous manholes were built and examinations were made of existing sewers in connection with the reconstruction of county and district roads consequent upon the removal of the old tram tracks.

At the Sewage Disposal Works considerable progress was made with the extension of the works. The scheme includes the conversion of the old storm water tank into a new sedimentation tank and the construction of two new storm water tanks, two new filter beds, one new humus tank and several new sludge lagoons. The old filter beds will be reconditioned. When completed the works will be able to deal with the sewage from a population of 45,000.

Closet Accommodation.—At the end of the year there were a total of 8,024 closets of which 7,481 were water closets, 317 trough and slop-water closets, 216 pail closets, and 10 privy middens. Further details are given in the table headed Excrement Disposal at the end of this Report. During the last five years the number of pail closets has been reduced from 2,232 to 216. No conversions took place in 1931, but several conversions are at present in course of completion.

Scavenging.—No alteration of the existing method was made. Refuse removal is carried out by a contractor with whom a fresh contract was made during the year for a period of three years. The contents of the few existing privies and pails are buried in trenches, and the dry refuse is disposed of by the method of controlled tipping. This method is efficient and economical when carefully supervised. Every endeavour is being made to get rid of the old type of ashpit and substitute bins. Full particulars are given in the table at the end of this Report.

Sanitary Inspection of the Area.—Details are given in tabular form in the table headed Sanitary Inspection of the District.

Smoke Abatement.—A close watch is kept on nuisances arising from the emission of excessive smoke. During the year 90 smoke observations were taken and it was possible to remedy the defects by the issue of informal notices.

Premises and Occupations which can be controlled by Byelaws or Regulations.—A list of these and the work done in connection therewith is given in the tabular report on the Sanitary Inspection of the District under the headings of Offensive Trades, Common Lodging Houses, Petroleum Act, Canal Boats, Bakehouses, Dairies, Cowsheds and Milkshops and Slaughter Houses.

Other Sanitary Conditions Requiring Notice.—The situation with regard to caravans and similar temporary dwellings requires careful watching. There are about 35 of these objectionable structures in the Borough at present, the reason for their existence being for the most part, the acute shortage of houses. The health department has recommended the Authority to prevent the establishment of any further dwellings of this nature and to abolish those already established whenever the opportunity occurs. Several vans have, in fact, recently been removed. The Authority was also advised to insist on the removal of a caravan whenever the tenants of it are granted a council house.

Many people will agree that excessive noise can be a nuisance which is injurious to health, for the mental effort required to discount the noise involves a conflict which, if prolonged, is certain to have a detrimental effect. The suppression of undue noise in public places is therefore undoubtedly a health measure, and the Authorities should utilise to their full extent whatever powers they possess to suppress unnecessary noise. One has in mind such annoyances as noisy vehicles, especially those which produce exhaust explosions, the crying of newspaper sellers, many of whom are breaking the law on account of their tender age, wireless loud speakers, mechanical drills and motor cycles with inefficient silencers. Among the worst offenders are brass bands which play in the streets on Sunday morning and rob the workers of the rest which is so essential to their health. The replacement of the old noisy trams by almost silent trackless trolley vehicles has proved a great boon to those who live alongside or who frequent the main thoroughfares of the town.

Schools.—As the Medical Officer of Health is also the School Medical Officer it is possible for effective steps to be taken to safeguard the health of the scholars. This subject is dealt with in the School Medical Report which follows this Report.

Health Education.—In October the annual Health Week was held, during which attention was chiefly paid to the scholars at the elementary and secondary schools. Special instruction on health matters was given during the week by the teachers and eleven lectures were given by the medical officer in the Town Hall on subjects of personal hygiene. These lectures were illustrated by lantern slides and were attended by over 3,000 school children in the course of the week. On two afternoons health films were shown at the King's Picture House to audiences of school children. Of course health instruction is constantly being given by the health visitors in the course of their visits and by the medical officers and nurses during their routine work in the institutions, clinics and schools belonging to the Authority.

Rag Flock Acts, 1911 and 1928.—Rag Flock is used at one establishment in this area. No need arose for any special action.

SECTION IV.

HOUSING.

HOUSING STATISTICS.

Number of New Houses erected during the year :—

(a) Total including numbers given separately under (b)	73
(1) By the Local Authority	42
(2) By other Local Authorities	<i>Nil.</i>
(3) By other bodies or persons	31
(b) With State assistance under the Housing Act :—	
(1) By the Local Authority—	
(a) For the purpose of Part III. of the Act, 1925	42
(b) For other purposes	<i>Nil.</i>
(2) By other bodies or persons	<i>Nil.</i>
Total number of houses owned by the Local Authority at the end of the year	380

HOUSE INSPECTION.

1.—Inspection of Dwelling-houses during the year 1931.

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1,891
(b) Number of inspections made for the purpose ..	4,069
(2) (a) Number of dwelling-houses (included under sub- head (i.) (above) which were inspected and recorded under the Housing Consolidated Regu- lations, 1925.. .. .	118
(b) Number of inspections made for the purpose ..	118
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	11
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ..	107

2.—Remedy of defects during the year without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in con- sequence of informal action by the Local Authority or their Officers	107
---	-----

3.—Action under Statutory Powers during the year 1931.

- (a) Proceedings under Sections 17, 18, and 23 of the Housing Act, 1930.
- (1) Number of dwelling-houses in respect of which notices were served requiring repairs 2
 - (2) Number of dwelling-houses which were rendered fit after service of formal notices :—
 - (a) By Owners 2
 - (b) By Local Authority in default of owners .. Nil.
- (b) Proceedings under Public Health Acts :—
- (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 8
 - (2) Number of dwelling-houses in which defects were remedied after service of formal notices :
 - (a) By Owners 8
 - (b) By Local Authority in default of owners .. Nil.
- (c) Proceedings under sections 19 and 21 of the Housing Act, 1930.
- (1) Number of dwelling-houses in respect of which Demolition Orders were made 8
 - (2) Number of dwelling-houses demolished in pursuance of Demolition Orders 11
- (d) Proceedings under Section 20 of the Housing Act, 1930.
- (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made 1
 - (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit Nil.
- (e) Proceedings under Section 3 of the Housing Act, 1925.
- (1) Number of dwelling-houses in respect of which notices were served requiring repairs Nil.
 - (2) Number of dwelling-houses which were rendered fit after service of formal notices Nil.
 - (a) By Owners Nil.
 - (b) By Local Authority in default of owners .. Nil.
 - (3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by Owners of intention to close .. Nil.

(f) Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925.

(1) Number of dwelling-houses in respect of which Closing Orders were made	..	..	..	<i>Nil.</i>
(2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	..	..	..	<i>Nil.</i>
(3) Number of dwelling-houses in respect of which Demolition Orders were made	..	..	..	<i>Nil.</i>
(4) Number of dwelling-houses demolished in pursuance of Demolition Orders	..	..	..	5

GENERAL OBSERVATIONS AS TO HOUSING CONDITIONS.

In last year's report a full statement was given of the housing needs of the Borough. This was based on an actual survey, and therefore serves as an accurate foundation for formulating a housing policy. It was estimated that 296 new houses were needed in 1930 to relieve the existing congestion, and 50 additional new houses would be needed in 1931. Seeing that the total number of houses built during 1930 and 1931 was only 128, it will be understood that there is still a serious shortage of houses. The number of overcrowded dwellings occupied by working class families with children is estimated at 308, and this should be regarded as a low estimate since the standard used in defining overcrowding was not a very high one. The waiting list of applicants for council houses contains the names of some 1,500 families at the present time. Of course one does not infer that all these families actually need new houses for health reasons, but rather that this large number of people appreciate the value of the new type of dwelling that is being provided, and desire to live under more hygienic conditions.

The number of insanitary houses which were demolished during the year was 11. This work of getting rid of worn out, unhealthy houses is being hindered by the present shortage of alternative accommodation. A certain measure of relief, however, is in sight. A scheme for the erection of 156 houses on a site of $13\frac{1}{2}$ acres off the Heanor Road has been sanctioned, and the work of constructing roads and sewers is at present proceeding, but it is not expected that any of these houses will be completed during the current year. The purchase of a further housing site of 5 acres off the Nottingham Road has also been sanctioned. It is to be hoped that a certain number of small houses for old people will be built.

SECTION V.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.—The number of premises within the Borough where milking cows are kept is 9. The farms and cowsheds are systematically inspected. There are also 156 milk shops from which milk is retailed. These are also registered and inspected periodically. One of the largest retailing firms distributes bottled milk which has been pasteurised by the holding process. The only class of designated milk is Certified milk which is sold by one firm in this area. No legal action with regard to milk was taken during the year.

Meat and Other Foods. The registered slaughter houses number 5, and the licensed slaughter houses 13. These numbers are the same as in the previous year. Practically all the meat slaughtered in these premises was inspected before removal, for which purpose 1,410 visits were made. Regular inspection is also carried on of shops, stalls and vehicles and places where food is prepared. It was not necessary to take any legal action under the Meat Regulations or other statutes relating to food.

An enquiry was again made to ascertain what proportion of bovine animals slaughtered in the area were found to be suffering from tuberculous disease. In the course of the year 2,125 bovine animals were slaughtered, and out of this number tuberculous disease was found to be present in 48 animals. This gives a tuberculosis incidence of 2.25 per cent., which is very similar to the figure of 2 per cent. obtained in the previous year. Tuberculosis of the udder was discovered in 4 animals, giving an incidence for udder infection of .38 per cent.

The amount of surrendered food stuffs is given in the tables at the end of the Report.

Adulteration. The various Acts in connection with Food and Drugs are administered by the County.

Chemical and Bacteriological Examination of Food. Work in connection with this is carried out in the chemical and bacteriological laboratories belonging to the County. In the laboratory of the County Analyst the number of samples taken from this area and examined by him was 78. This included 30 samples of milk. There was no necessity to undertake any prosecutions.

Nutrition. A certain amount of instruction in this subject is given in the elementary schools in the course of routine hygiene lessons, but the most valuable teaching takes place in connection with the cookery lessons which are given to the girls in all the Senior Girls' Schools, which now all possess properly equipped rooms for the practice of the important art of cookery. This instruction in nutrition and cookery given to girls in elementary schools, especially if followed up by attendance at evening classes in cookery is certainly a health measure of great national importance. Constant dissemination of knowledge in matters concerning nutrition is also brought about by the medical officers at the clinics, and by the nurses in the course of their work of visiting.

SECTION VI.

INFECTIOUS AND OTHER DISEASES.

General. As far as the ordinary infectious fevers are concerned the incidence of these diseases was remarkably low. If tuberculosis is excluded, the number of notifiable diseases which occurred was only 73 compared with 270 in the previous year. Both these figures include chicken-pox, but do not include measles or whooping cough which are not notifiable. In fact there was no real epidemic during the year.

Scarlet Fever. Seventeen cases were notified of which 16 were treated in hospital. The type of disease was mild and there were no complications. The more severe cases were treated with serum.

Diphtheria. Only one case was notified and was treated in hospital. The infection was most probably derived from outside this area. A supply of antitoxin is kept by the Health Department and is issued on demand to medical practitioners. The Schick test was performed on two probationer nurses at the Isolation Hospital and was negative in one case and positive in the other. The latter nurse was immunised against diphtheria.

Small Pox. No case occurred during the year, and no vaccinations were performed by the medical officer of health.

Chicken Pox. Only 29 cases were notified, compared with 120 in the previous year.

Enteric Fever. No cases of the enteric group of diseases were notified during the year.

Ophthalmia Neonatorum. Two cases were notified, both of which were treated at a hospital and completely recovered.

Influenza. A fair number of cases occurred in the early part of the year, and this disease contributed to the death of 21 persons.

Acute Primary Pneumonia.—Thirteen cases were notified.

Measles and Whooping Cough appeared to have an average incidence. There was one death from each of these diseases. The most reliable information with regard to the presence and severity of these two diseases is obtained from the reports of the visits of the school nurses to the homes of absentee school children. All these reports are passed on without delay to the medical officer.

There was no other important occurrence of notifiable infectious disease and no serious prevalence of animal or insect pests.

The disinfection of premises was carried out by the Health Department, 198 rooms being disinfected. Clothing and other articles exposed to infection were disinfected at the Isolation Hospital.

Pathological and bacteriological specimens were sent for examination to the County Laboratory at Derby, where 79 specimens were dealt with from this area.

Prevention of Blindness.—No action was taken under Section 66 of the Public Health Amendment Act, 1925.

Cancer.—The incidence of cancer when judged by the number of deaths appears to show a tendency to increase. During the year there were a total of 39 deaths of which 22 were in males and 17 in females. The commonest site affected was the stomach, which was involved in 11 cases. In the case of the 22 males the situation of the disease was as follows:—Stomach 7, Colon 4, Rectum 1, Tonsil 2, Oesophagus 2, Mediastinum 2, Prostate 2, Skin 1, site not stated 1. In the case of the 17 females the situation affected was as follows:—Stomach 4, Ovary 4, Breast 2, Cervix 2, Liver 2, Lower Jaw 1, Tongue 1, Rectum 1.

Facilities for diagnosis and specialised treatment exist in the neighbouring hospitals.

Venereal Diseases.

As these diseases are not notifiable it is impossible to give a correct estimate of their prevalence. Treatment can be obtained free at the Nottingham City Treatment Centre or at the Derby

County Clinic at the Derbyshire Royal Infirmary. The medical officers of the above clinics have kindly supplied me with particulars to show the number of new cases resident in Ilkeston who have been treated during the year. Of course other cases of these diseases may obtain treatment from their own medical attendants or from other hospitals, while a proportion are probably having no treatment at all. Besides the totals of new cases given below there would be a number of old cases whose treatment is still being continued.

**Number of New Cases of Venereal Diseases resident in
Ilkeston treated during 1931.**

	SYPHILIS.		GONORRHOEA.		TOTAL.	
	<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>
Nottingham	0	1	12	2	12	3
Derby	0	1	2	1	2	2
TOTALS ..	0	2	14	3	14	5

Total number of new cases 19 persons.

Prevalence of and Control over Notifiable Diseases.

A table is given to show the prevalence of and control over notifiable diseases.

DISEASE.	No. Notified.	No. Removed to Hospital.	Total Deaths.
Tuberculosis, Pulmonary ..	33	19	12
Tuberculosis, other forms ..	10	4	5
Pneumonia (all forms) ..	13	1	37
Scarlet Fever	17	16	—
Diphtheria	1	1	—
Erysipelas	4	—	—
Chicken-Pox.. .. .	29	—	—
Puerperal Fever	2	2	1
Puerperal Pyrexia	4	3	—
Ophthalmia Neonatorum ..	2	2	—
Acute Polio-Myelitis ..	1	—	—

**OPHTHALMIA NEONATORUM.
TABLE.**

CASES.			Vision Un- impaired.	Vision impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	At home.	In hospital				
2	—	2	2	—	—	—

**SEX AND AGE DISTRIBUTION OF CASES OF NOTIFIABLE
DISEASES DURING 1931.**

AGE GROUP. Sex.	Pneumonia all forms.	Chicken-Pox.	Scarlet Fever.	Diphtheria.	Erysipelas.	Puerperal Fever.	Puerperal Pyrexia.	Ophthalmio Neonatorum.	Polio-Myelitis.
0— 1 M.	-	-	-	-	-	-	-	2	-
F.	-	2	-	-	-	-	-	-	-
1— 2 M.	-	1	-	1	-	-	-	-	-
F.	-	-	-	-	-	-	-	-	-
2— 3 M.	-	2	-	-	-	-	-	-	1
F.	-	1	-	-	-	-	-	-	-
3— 4 M.	-	-	-	-	-	-	-	-	-
F.	-	1	1	-	-	-	-	-	-
4— 5 M.	-	1	-	-	-	-	-	-	-
F.	-	2	2	-	-	-	-	-	-
5—10 M.	2	9	4	-	-	-	-	-	-
F.	1	8	1	-	-	-	-	-	-
10—15 M.	1	1	2	-	-	-	-	-	-
F.	1	1	1	-	-	-	-	-	-
15—20 M.	1	-	1	-	-	-	-	1	-
F.	-	-	-	-	-	-	1	-	-
20—35 M.	2	-	2	-	-	-	-	-	-
F.	1	-	3	-	1	2	2	-	-
35—45 M.	-	-	1	-	1	-	-	-	-
F.	1	-	-	-	-	-	1	-	-
45—65 M.	4	-	-	-	1	-	-	-	-
F.	-	-	-	-	1	-	-	-	-
65 up- M.	-	-	-	-	-	-	-	-	-
wards F.	-	-	-	-	-	-	-	-	-
Total M.	9	14	9	1	2	-	-	2	1
all ages F.	4	15	8	-	2	2	4	-	-
GRAND TOTAL	13	29	17	1	4	2	4	2	1

SECTION VII.

TUBERCULOSIS.

The degree of notification is satisfactory. During the year there were 17 deaths, and of these cases only one was not notified and it appears that the diagnosis was made at a hospital outside this area where in fact the patient died.

The number of new cases of pulmonary tuberculosis notified during the year was 33, which is an increase on the previous year when 17 were notified. This year's figures include a larger number of adult males. There were 10 new cases of non-pulmonary disease compared with 9 in the previous year. The number of deaths from both forms of disease has kept at a low figure.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No action had to be taken under these Regulations in the course of the year.

Public Health Act, 1925 : Section 62.

No action under this Section had to be taken during the year.

Particulars of new cases of Tuberculosis and deaths from this cause are given in the following table :—

AGE PERIODS.			NEW CASES.				DEATHS.			
			Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
			M.	F.	M.	F.	M.	F.	M.	F.
0	..	..	—	—	—	—	—	—	—	—
1	..	..	—	—	—	1	—	—	1	1
5	..	..	1	2	3	2	—	—	—	—
10	..	..	1	—	—	2	—	—	—	1
15	..	..	—	3	—	1	1	—	—	1
20	..	..	1	5	—	—	—	1	1	—
25	..	..	4	5	1	—	2	3	—	—
35	..	..	3	2	—	—	1	1	—	—
45	..	..	3	1	—	—	3	—	—	—
55	..	..	2	—	—	—	—	—	—	—
65 and upwards			—	—	—	—	—	—	—	—
TOTAL	..		15	18	4	6	7	5	2	3

RETURN OF NEW PATIENTS WHO ATTENDED ILKESTON DISPENSARY DURING 1931.

AGE.			Males		Females		Total Attendances		No. found Tuberculous	No. of Pulmonary Cases	No. of Non-pulmonary Cases	No. received Sanatorium Treatment	No. refused to go to Sanatorium	No. received other Treatment.	No. under observation	No. Died	No. Discharged.	No. Transferred	Total Sputa examined	Sputa found positive.	No. of Ex-Servicemen.
Over 15 years of age	..	20	24	158	55	28	-	25	1	1	13	8	26	-	127	25	2	-	-	-	-
Under 15 years of age	..	24	30	99	31	4	5	6	-	2	13	-	45	-	11	-	-	-	-	-	-

Non-pulmonary cases :—Glands 4, Glands and Ankle 1.

RETURN OF OLD PATIENTS WHO ATTENDED ILKESTON DISPENSARY DURING 1931.

AGE.			Males		Females		Total Attendances		No. found Tuberculous		No. of Pulmonary Cases		No. of Non-pulmonary Cases		No. received Sanatorium Treatment		No. refused to go to Sanatorium		No. received other Treatment.		No. under observation		No. Died		No. Discharged.		No. Transferred		Total Sputa examined		Sputa found positive.		No. of Ex-Servicemen.	
Over 15 years of age	..	38	33	153	71	58	13	14	3	1	1	4	6	2	44	9	4																	
Under 15 years of age	..	15	22	158	37	14	23	3	-	7	2	1	11	1	2	1																		

Non-pulmonary cases :—Glands 28, Lupus 3, Knee 2, Spine 2, Kidney 1.

SECTION VIII.

MATERNITY AND CHILD WELFARE.**Antenatal Clinic.**

The Antenatal Clinic is held at the Albert Street Clinic on the afternoons of the first three Mondays of every month. Each clinic is attended by the medical officer in charge, Dr. Margaret Glen Bott. The clinic has been very well attended during the year. The number of new cases seen in the course of the year was 224, compared with 217 new cases in 1930. The total attendances of patients were 660 compared with 575 in the previous year. The average number of patients seen at each session was 18.3. The increasing work at this clinic will soon necessitate an extra session. This could not be arranged until the proposed extension of the clinic is completed.

Midwives.

The number of midwives practising in the borough during the year was 11, of which 9 were trained and 2 were bona-fide midwives who were practising previous to 1903. The number of maternity cases attended by midwives alone was 553. There is a sufficient number of midwives working in this area.

Municipal Maternity Home.

The number of cases admitted to the Home during the year was 184, which is an increase of 1 on last year's figure of 183. The number of applications to book beds was again in excess of the accommodation, and 13 applications were refused. The statistics for 1931 are found in the following table.

ILKESTON MUNICIPAL MATERNITY HOME.

1.—Name and Address of Institution ..	The Maternity Home.
2.—Number of beds in the Institution ..	9
3.—Number of cases admitted during the	
year	184
4.—Average duration of stay ..	14 days.
5.—Number of cases delivered by—	
(a) Midwives	160
(b) Doctors	22
6.—Number of cases in which medical	
assistance was sought by midwife..	31

- 7.—Number of cases notified as—
 (a) Puerperal Fever Nil.
 (b) Puerperal Pyrexia 1
- 8.—Number of cases of pemphigus neonatorum Nil.
- 9.—Number of infants not entirely breast-fed while in the Institution .. 3
- 10.—(a) Number of cases notified as Ophthalmia Neonatorum .. Nil.
 (b) Result of treatment in each case Nil.
- 11.—(a) Number of maternal deaths .. 2
 (b) Cause of death in each case .. (1) Influenzal myocarditis, (2) Graves Disease.
- 12.—(a) Number of foetal deaths—
 (i) Stillborn 7
 (ii) Within 10 days of birth .. 2
 (b) Cause of death in each case, and results of post-mortem examination (if obtainable)—
 (i) (a) Anencephalus Spina-Bifida.
 (b) Albuminuria Hydrocephalus.
 (c) Prolapsed cord.
 (d) Diseased Placenta.
 (e) Central Placenta Praevia.
 (f) Hydrocephalus Spina-Bifida.
 (g) Hydrocephalus.
 (ii) (a) Atelectasis.
 (b) Prematurity.

Home Visiting.

There are four health visitors who are also part school nurses. The services of the senior health visitor are devoted almost entirely to the clinics. The borough is divided into three districts for the purposes of home visiting, each district being allotted to one health visitor. Every infant under 1 year is visited several times unless the mother brings the child regularly to the clinic. The children between the age of 1 year and 5 years are visited in a routine manner twice a year. The visits of course cease when the child starts to go to school. This system works fairly well but would be more efficient if at the same time it were possible to cause the children to undergo a medical examination at regular periods, say once a year.

A table is given below showing the summary of the reports of the health visitors.

Summary of Health Visitors' Reports' for 1931.

Births Notified (twins 2)	..	..	..	..	..	624
Males ..	..	..	..	..	..	344
Females ..	..	..	..	..	..	280
Still Births ..	..	..	..	..	..	31
Died within Three Days ..	..	..	..	..	..	7
Attended by Medical Practitioners	..	..	..	..	..	48
Attended by Midwives only	..	..	..	..	..	393
Admitted to Maternity Home	..	..	..	..	..	183
Total number of visits paid..	..	..	..	..	..	7,246
Children weighed ..	..	..	..	..	..	582
Average weight ..	..	..	..	..	..	lbs. 7.4
Breast fed at birth ..	..	..	..	..	..	571
Bottle fed at birth ..	..	..	..	..	..	4
Breast and Bottle fed at birth	..	..	..	..	..	3
„ „ Spoon „ „ „	..	..	..	..	..	2
Pre-natal Cases, first visits ..	..	..	..	..	..	66
„ „ re-visits ..	..	..	..	..	..	1
Outside the Borough ..	..	..	..	..	..	20
Number of individual infants under 1 year visited	..	..	..	..	..	3,089
„ „ „ children 1 to 5 years „	..	..	..	..	..	3,238

Instruction in Mothercraft.

Lectures in hygiene and the management of infants were given at the Housewifery Centre of the Education Committee by the senior health visitor during the first three months of the year. after that it was found impossible for her to spare the time owing to the increase in sessions at the clinic. When the clinic has been extended it is hoped to resume these lectures at the clinic.

Maternity Outfits.

The six maternity outfits have been loaned out free of charge to several lying-in women.

Infant Welfare Centres.

A clinic is held at Albert Street every Tuesday afternoon and at Cotmanhay every Thursday afternoon. The new quarters for the Cotmanhay clinic at the Wesley Street United Methodist School have proved very much more convenient than the old quarters, and there has been a larger attendance.

The attendances at the clinics are shown in the following table :—

ATTENDANCES AT INFANT WELFARE CENTRES.

ALBERT STREET.

Individual Cases.	Total Attendances	Examined by Doctor.	Infants under One Year.	Toddlers.
569	2,378	331	1,554	824

COTMANHAY.

332	1,257	366	835	422
-----	-------	-----	-----	-----

Still Births.

All cases of still births are enquired into and cards showing the results of investigations are kept by the medical officer. Out of the 36 cases enquired into the causes appear to be as follows :—

Death in utero previous to labour	..	..	12
Congenital deformity of foetus	..	..	6
Malpresentation or obstructed labour	..	..	5
Ante-partum haemorrhage	..	..	5
Cause unknown	..	..	3
Premature labour	..	..	2
Disease of placenta	..	..	2
Albuminuria	..	..	1

Puerperal Fever and Puerperal Pyrexia.

These conditions are notifiable and professional enquiries are made and help is offered when necessary. Four cases of puerperal pyrexia were notified, and 2 cases of puerperal fever.

Under the provisions of the Puerperal Fever Regulations a scheme exists for the admission of patients suffering from either puerperal fever or puerperal pyrexia to the Derbyshire Hospital for Women at Derby. The approval of the Medical Officer of Health is first obtained.

An obstetric consultant, Dr. C. D. Lochrane, of Derby, has been appointed. His services are available for any difficult obstetric case occurring within the Borough if application is first made to the Medical Officer of Health.

Maternal Deaths.

A confidential professional enquiry is made into cases of death of the mothers occurring during child birth. There was one death from septicaemia and one from nephritis.

It will be seen from the paragraphs in this section that the majority of the recommendations given in the Memorandum 156—M.C.W. are in operation.

Infantile Deaths.

The occurrence of deaths of infants under one year of age are enquired into and records kept. During the year 41 infants died, giving an infantile mortality rate of 68.5. There were nine deaths from infantile diarrhoea.

Free Supply of Milk.

Under the provision of the Maternity and Child Welfare Act, 1918, free milk was issued in necessitous cases to expectant and nursing mothers and to selected children under the age of five years. In the majority of cases the infants were under nine months of age. The number of applications in respect of which milk was issued was 894, and the approximate cost was £240.

Children's Act, 1908.

Arrangements have been made by which the health visitors perform the work of Infant Protection Visitors in their several districts, and the medical officer of health is the officer to whom notices under Part I of the Act must be sent. During the year there have been no children coming within the provisions of Part I of this Act.

SANITARY INSPECTION OF THE DISTRICT.

Details of Inspections made and defects found during the year 1931 by the Sanitary Inspectors.

Drainage

Drains opened and cleansed	105
Drains provided with new traps	12
New drains and inspection chambers	6
Drains repaired or relaid	30
Drains tested by water after relaying	6
Drains tested by smoke	10
Sink pipes disconnected	6
New sink-waste pipes provided and fixed	12
New sinkstones provided	8
Broken inspection covers renewed	5

Backyards repaired or re-paved	..	..	..	..	..	13
Floors in houses repaired	..	..	..	..	..	10
Dilapidated walls and ceilings repaired	..	..	..	..	..	23
Roofs repaired	..	..	..	..	..	21
Defective stairs repaired	..	..	..	..	..	3
Windows made to open	..	..	..	..	..	32
Defective spouts repaired	..	..	..	..	..	16
Pantry vents and light improved	..	..	..	..	..	3
Defective coppers renewed	..	..	..	..	..	12
Dirty houses cleansed	..	..	..	..	..	6
Defective brickwork pointed up	..	..	..	..	..	40
Dampness in rooms remedied	..	..	..	..	..	14

Water Closets and Urinals.

Water Closets, new basins fixed	..	..	..	..	..	10
Defective fittings remedied	..	..	..	..	..	47
Choked water closets cleansed	..	..	..	..	..	50

Miscellaneous Defects not enumerated in above tables :

Nuisances from animals improperly kept	..	..	..	..	..	3
Offensive accumulations removed	..	..	..	..	..	3
Small defects remedied in premises	..	..	..	..	..	60
Smoke observations	..	..	..	..	..	90
Number of Inspections to premises	..	..	..	..	..	1891
Re-visits to premises during repairs	..	..	..	..	..	2178
Number of Informal Notices issued	..	..	..	..	..	107
Number of Statutory Notices served	..	..	..	..	..	8
Number of Notices not complied with	..	..	..	..	..	Nil.

Privies, Ashpits and Ashbins.

Privies made into Water Closets	..	..	..	..	..	Nil.
Pail-closets made into Water Closets	..	..	..	..	..	Nil.
Defective Ashpits	..	..	..	..	..	27
New Ashbins provided	..	..	..	..	..	225
New pails provided to Pail-closets	..	..	..	..	..	Nil.
Number of inspections made to existing Privies	..	..	..	..	..	18
Number of Inspections made to Ashbins	..	..	..	..	..	8,314
Number of inspections made to Ashpits	..	..	..	..	..	4,605
Number of inspections made to Pail-closets	..	..	..	..	..	140

Offensive Trades.

Only 1 registered premises, Tripe Boiler	..	..	..	..	..	1
Number of inspections	..	..	..	..	..	32
Number of Notices or complaints	..	..	..	..	..	Nil.

Common Lodging-houses. Nil.

Places of Amusements.

Premises are visited from time to time and reports made by the Senior Sanitary Inspector to the Health Committee and the Licensing Authority.

Petroleum Acts.

These Acts are administered by the Senior Sanitary Inspector, Mr. J. B. Duro.

Number of Petrol Licences issued during 1931	..	..	..	..	38
Number of Carbide of Calcium Licences issued in 1931	..	..	..	..	6
Number of Inspections made during 1931	..	..	..	..	66

Canal Boats.

These Acts are administered by the Senior Sanitary Inspector, Mr. J. B. Duro.

Number of Canal Boats on Register	40
Number of Canal Boats inspected	6
Number of infringements found	Nil.
Prosecutions	Nil.
Number of of men on board	5
Number of women on board	3
Number of children on board	1

Bakehouses.

Number of Bakehouses on Register	29
Number of Inspections made	41
Number of Notices issued	4

Dairies, Cowsheds and Milkshops.

Number of Cowsheds on Register	9
Number of Milkshops	156
Number of visits	132

Slaughter-houses.

Registered Slaughter-houses	5
Licensed Slaughter-houses	13
Number of inspections	1,410
Number of Notices issued	Nil.

Surrendered Food Stuffs.

2,236 lbs. Beef, 41 Bovine Livers, 19 Bovine Udders, 5 Bovine Hearts, 14 Bovine Kidneys, 10 Bovine Spleens, 6 Bovine Heads and Tongues; 115 lbs. Mutton, 33 Sheep's Livers ; 227 lbs. Pork, 4 Pig's Heads, 6 Pig's Hearts, 7 Pigs' Livers. 23 Frozen Rabbits.

Disinfection of Premises.

Number of rooms disinfected	198
-------------------------------------	-----

These include not only infectious cases, but after death from Cancer and Tuberculosis. A Formalin Sprayer containing 40% Formalin is used, and Sulphur.

Factories, Workshops and Workplaces.

The following are inserted in compliance with Section 132 of the Factory and Workshops Act, 1901.

Inspections of Factories, Workshops and Workplaces.

	Inspections.	Notices	Pros.
Factories (including Factory Laundry)	17	3	Nil.
Workshops (including Workshop Laundries)	50	1	Nil.
Workplaces (other than outworkers)	35	Nil.	Nil.

NUMBER OF DEFECTS.

	Found.	Remedied.	Ref. to H.M. Inspector.	Pros.
Nuisances under the P.H. Acts				
Want of cleanliness.. .. .	1	1	Nil.	Nil.
Sanitary Accommodation	5	5	1	Nil.

Outworkers.

The number of outworkers in the first half of the year was 32, and in the second half 33.

Number of visits paid to premises 35

Shops Acts.

The Shops Acts are administered by the Senior Sanitary Inspector, Mr. J. B. Duro. Two trades are governed by Local Acts, viz.:

(i) Boots and Shoes; (ii) Barbers and Hairdressers.

One case was submitted the Court for contravening the Shops Acts.
Costs 4/-

JOSEPH B. DURO, C.R.S.I.,
Senior Sanitary Inspector.

CYRIL E. ADCOCK, C.R.S.I.,
Junior Sanitary Inspector.



**SUMMARY SHOWING THE NUMBER OF HOUSES, ACREAGE, POPULATION & SANITARY
CONVENIENCES OF THE SEPARATE WARDS. DECEMBER, 1931.**

Municipal Borough of ILKESTON. By Wards.	Area in Statute Acres (Land and Inland Water).	Population by Wards. (Census 1921)	Number of Houses.	Approx. Number of Ashbins.	Number of Pail- Closets. (Total.)	Number of Ashpits. (Dry.)	Number of Privy Middens.	Number of Slop- water Closets.	Number of Water- Closets. (Approx.)
ILKESTON.	2,526	32,266	7,347	6,265	216	287	10	313	7,481
North Ward	..	497	1,402	1,155	27	67	8	49	1,402
Granby Ward	..	204	844	748	27	30	-	18	861
Market Ward	..	216	1,384	1,143	23	71	1	90	1,380
Victoria Ward	..	529	931	837	4	28	-	15	1,072
Old Park Ward	..	306	1,245	1,059	5	38	1	64	1,277
South Ward	..	774	1,541	1,323	130	53	-	77	1,489

EXCREMENT DISPOSAL — 1931.

Approximate Number of Houses, etc. with—					Number of Defective Privies improved.
Privy-middens.	Pail-closets.	Water-closets.	Slop-water closets.	Number of Houses converted from Privy-middens to Water-closets since 1st January, 1931.	
IN WHOLE DISTRICT ..	(a) 10	(b) 218	(c) 7,418	(d) 313	Nil.

NOTE.—(a) Total number of Privy-Middens 10, shared by 10 houses which cannot reach the sewer and are therefore not convertible
 (b) Total number of Pail-closets, 216 ; shared by 218 houses, etc.
 (c) Total number of Water-closets, 7,481 ; shared by 7,148 houses, etc.
 (d) Number of Slop-water Closets, 313, shared by 313 houses, etc.
 The term Houses, etc., in this table includes dwelling places, churches, chapels, schools, factories and workshops.

SCAVENGING AND REFUSE DISPOSAL.

Parts of Urban Districts or (in Rural Districts) Parishes in which Scavenging is carried out.	If done by			Cost.	Refuse Tips.
	Servants of Council.	Under Contract.	Occupiers of Houses.	Total Cost throughout District during year ending 31st March, 1932.	How Refuse is disposed of.
WHOLE BOROUGH ..	32,266	No.	Yes.	No.	£3,250-16-4 7s. 7½d.
					Controlled Tipping

SUMMARY OF PAIL CLOSETS.

	NORTH WARD.	GRANBY WARD.	MARKET WARD.	VICTORIA WARD.	OLD PARK WARD.	SOUTH WARD.	TOTALS.
Number of Houses with Pail-closets ..	27	27	23	4	4	72	157
Factories and Workshops with Pail-closets	—	—	—	—	1	46	47
Churches, Chapels and Schools with Pails	—	—	—	—	—	12	12
TOTALS	27	27	23	4	5	130	216
Number of Houses without a separate Convenience (using other Pails) ..	—	—	—	—	2	—	2
Total number of Houses, Churches, Chapels, Schools, Factories and Workshops with Pail-closet accommodation ..							218.

REFUSE REMOVAL AND DISPOSAL.

SHOWING ANNUAL RETURN FOR THE PAST THREE YEARS OF LOADS REMOVED.

YEAR.	ASHBIN REFUSE.	ASHPIT REFUSE.	PRIVY CONTENTS.	PAIL CONTENTS.	TOTALS.
1929 ..	13,093½	2,712½	43	1,363	17,212
1930 ..	13,195	2,281	3	377	15,856
1931* ..	14,188	2,595	6	372	17,161

* Note.—The figures for 1931 are actual tons, the previous years are “loads.”

MONTHLY RETURNS (TONS), FOR THE YEAR ENDING 31st DECEMBER, 1931.

MONTH.	ASHBIN REFUSE.	ASHPIT REFUSE.	PRIVY CONTENTS.	PAIL CONTENTS.	TOTALS.
January ..	1,152	222	—	31	1,405
February	1,055	184	—	30	1,269
March ..	1,140	228	—	35	1,403
April ..	1,126½	178	4	29	1,337½
May ..	1,067½	194	—	34	1,295½
June ..	1,128½	223	—	33	1,384½
July ..	1,183	234	—	31	1,448
August ..	1,121	221	—	37	1,379
September	1,164½	219	—	28	1,411½
October ..	1,352	254	2	27	1,635
November	1,276½	241	—	31	1,548½
December	1,421½	197	—	26	1,644½
TOTALS ..	14,188	2,595	6	372	17,161

PRIVY ACCOMMODATION EXISTING 31st DECEMBER, 1931.

Situation of Privies that are unable to drain into Sewer.	Number of Privies.	Number of Conveniences.	Number of Houses.
Nos. 2, 3, 21, Church Street ..	3	3	3
Bentley's Farm, Cotmanhay ..	1	1	1
No. 1 Fishponds	1	2	1
No. 10 Duke Street	1	1	1
Nos. 20, 21, Heanor Road ..	2	2	2
No. 52, King Street	1	2	1
No. 4, Larklands	1	2	1
Total number of Privies in existence	10	13	10

DISPOSAL OF PAIL AND PRIVY CONTENTS.

SOUTH WARD	}	To Gallows Inn Tip.
OLD PARK WARD		
VICTORIA WARD		
MARKET WARD		
GRANBY WARD	}	To Bentley's Land, Cotmanhay.
NORTH WARD		

DISPOSAL OF DRY REFUSE.

SOUTH WARD	}	To Gallows Inn Tip.
PART OF OLD PARK WARD		
PART OF OLD PARK WARD	}	To Booth's Land, Station Road
VICTORIA WARD		
MARKET WARD		
GRANBY WARD		
PART OF NORTH WARD	}	To Bentley's Land, Cotmanhay.
PART OF NORTH WARD		

All Tips are levelled and covered with soil.

Average distance to Tips, 1.06 miles.

Borough of Ilkeston Education
Committee.

ANNUAL REPORT
OF THE
School Medical Officer
For 1931.

H. L. BARKER,
M.D., B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H.

EDUCATION COMMITTEE.

THE MAYOR (Coun. H. E. BEARDSLEY).	Councillor Mrs. J. B. D. McINTYRE.
Coun. G. W. WOOLLISCROFT, O.B.E.,	„ L. MIDGLEY.
J.P. (<i>Chairman</i>).	„ J. A. MACDONALD.
Alderman AMOS HENSHAW, J.P., C.C.	Professor H. A. S. WORTLEY, M.A.
„ W. SHAKSPEARE, J.P.	F. P. SUDBURY, Esq., J.P., C.C.
„ J. WOOLLEY, J.P.	S. R. WOOD, Esq., M.A.
Councillor G. H. BROUGHTON.	Mrs. PRIOR.
„ J. KIRK.	

Director of Education.

T. FROST, Esq, B.Sc.

STAFF (1931).**School Medical Officer (also Medical Officer of Health).**

H. L. BARKER, M.D., B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H.

Part Time Medical Officers.

ASSISTANT SCHOOL MEDICAL OFFICER	..	S. W. LUND, M.B., Ch.B., D.P.H.
OPHTHALMIC SURGEON	.. ..	T. E. A. CARR, M.B., B.S. (<i>County Ophthalmic Surgeon</i>)
DENTAL SURGEON	.. ..	A. L. HODGKINSON, L.D.S.

NOSE and THROAT SURGEONS of the Nottingham Throat, Ear
and Nose Hospital.

School Nurses (also Health Visitors).

				<i>Appointed.</i>
Miss M. E. SHERLOCK, C.M.B.	..	..	..	21st June, 1914
Miss H. BLAIR, C.M.B.	..	..	..	1st June, 1922
Miss L. OTTEWELL, C.M.B.	..	..	..	1st Mar., 1929
Miss M. GARDINER, C.M.B.	..	..	..	5th May, 1930

Clerks.

Miss L. TRUEMAN	..	..	..	..	15th May, 1923
Miss H. CLARKE	..	..	..	..	13th October, 1924

Borough of Ilkeston Education Committee.

ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER
FOR 1931.

TO THE CHAIRMAN AND MEMBERS OF THE ILKESTON EDUCATION
COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to present my Annual Report for the year ending 31st
December, 1931.

The general plan of the Report is the same as in former years and follows closely the requirements of the Board of Education. It will be noticed that the most pressing need at present is the extension of the school clinic in order to prevent the stagnation of the dental and orthopædic schemes. Though the general plan of the school medical service in your area is sound, there is room for improvement in certain directions, especially as regards dealing with delicate children, those suffering from rheumatism and the mentally backward.

I have pleasure in reporting that keenness and cordial relations exist within the department, and between it and the Director of Education and the Head Teachers and their staff there is the closest co-operation. I am happy in always receiving from the Education Committee their ready help and support.

I have the honour to remain,

Your obedient Servant,

H. L. BARKER,

School Medical Officer.

BOROUGH OF ILKESTON.

Area of Borough (in acres)	2,526
Population (Registrar-General's Estimate, 1931)	33,200
Number of Schools	10
Number of Departments	20
Average number on School Register	5,338
Average Attendance	4,828

I.—STAFF.

There have been no changes in the staff during the past year. The increase in the number of houses in the Borough which has lately taken place has of necessity increased also the amount of ground which has to be covered by the school nurses during their work of visiting parents and absentee children. A full list of the staff is given on the previous page.

II.—CO-ORDINATION.

(a) The Infant and Child Welfare Scheme of the Local Authority is co-ordinated with the School Medical Service in that the school nurses are also health visitors. The records of all infants and children under school age which have been prepared both as a result of systematic visits to the homes, and also after the visits of children brought to see the Medical Officers at the Child Welfare Clinics, are available for the use of the School Medical Staff. On the other hand, information discovered at routine medical inspections which is likely to be valuable with regard to younger children of the same family under school age is made use of in child welfare work.

(b) No Nursery Schools are provided by this Authority, but their establishment is under consideration.

(c) Debilitated children under school age come within the purview of the school nurses when acting as health visitors, and particulars about any exceptional child are reported to the Medical Officer of Health, who is also the School Medical Officer. The latter endeavours to see that appropriate treatment is obtained for the child and all records are at hand when the child reaches school age.

III.—THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene.—Taken as a whole the school buildings are satisfactory as well as the surroundings. The most notable exception is Chaucer Infants' School, which is situated below the general street level and is consequently deficient in lighting and in free circulation of air. Three schools are close to main traffic ways, and the school at Hallam Fields suffers from the noise and dust of the neighbouring ironworks. Although no schools are built on the open-air principle, the classrooms are capable of fairly satisfactory ventilation and are sufficiently warmed. As regards sanitation, all the schools possess water-closets and improvements in the provision of sanitary accommodation for the staff have been made. The schoolrooms and cloakrooms and premises generally are kept in a clean and satisfactory condition. Water is laid on to all schools and some improvement has been made in the arrangements for washing. Still one would like to see really adequate provision made at all schools for washing hands and faces. At the senior and junior schools baths and shower baths might be established with great advantage. Many of the children's homes are without the necessary facilities, and there is no doubt that such arrangements would be appreciated and would have a beneficial effect on the pupils, both mentally and physically. For drinking purposes there is an adequate supply of good water in all the schools. The cloakrooms are heated and the radiators are utilised for drying the children's clothes when necessary.

The majority of the scholars live within a reasonable distance of their schools and return home for the mid-day meal. But at the Central School a certain number of children bring with them a cold lunch which is consumed in the school under the supervision of a member of the staff. Facilities exist for supplying hot milk or cocoa. The blackboards and equipment generally are on the whole satisfactory. Many desks of an old type have been replaced by desks of a modern pattern, and this modern replacement would have been complete but for the present financial stringency.

With regard to lighting, some improvement has been effected at two schools by the provision of gas burners of a new type, and it is hoped that similar burners will be provided in certain other schools where the artificial lighting is far from satisfactory. Electric lighting was installed in Hallam Fields school during the year, and there are now six schools which possess electric light.

IV.—MEDICAL INSPECTION.

Medical Inspection.—The Board's schedule of medical inspection has been followed. Three age groups have been inspected.

(1) Entrants, *i.e.*, those children who had been enrolled since the last medical inspection, or who for some reason had never been previously inspected.

(2) Intermediates, *i.e.*, those children whose eighth birthday occurred during the year.

(3) Leavers, *i.e.*, those children who were over twelve but under thirteen on the 1st January, or who were due to leave at the end of the term and had not been examined since reaching the age of twelve.

One of the above groups was examined during each term, the medical examination always taking place at the school. Each department was thus visited in the course of the year. After routine inspection, all children in the school exhibiting some special defect which had been discovered at a former inspection, were again seen by the medical officer in order to note the improvement and to see if appropriate treatment had been obtained.

Medical inspection of special cases has also been carried out at the school clinic on two mornings a week. Children are brought there by their parents for advice, or are sent by the teachers if they suspect that the children show any departure from health. The school nurses and school attendance officers also send children to the clinic if they are absent from school and appear to be in need of medical advice and treatment.

V.—FINDINGS OF MEDICAL INSPECTION.

(a) **Uncleanliness.**—It has been possible for the school nurses to pay rather more frequent visits to the schools to examine children for cleanliness, and as a result a definite improvement is apparent. In some former annual reports it has been the custom to express the number of children found to be unclean as a percentage of the total examinations made, but this process does not give a good comparative figure, owing to the fact that it is usual for the nurses to examine more frequently those children who have been found unclean at a previous inspection. It would seem that the most reliable method for comparative purposes is to express the number

of individual children found unclean during the year as a percentage of the average number of children on the school register during the year. This has been done below, and the figures show that there is a definite tendency to improvement. It is doubtful if a more rapid improvement is to be expected until there is some amelioration of the overcrowded conditions under which so many of the children live.

UNCLEANLINESS.

<i>Year.</i>	<i>Average Number of Children on School Registers.</i>	<i>Number of Individual Children Found Unclean.</i>	<i>Percentage.</i>
1923	5,827	396	6.8
1924	5,833	379	6.5
1925	5,454	237	4.3
1926	5,444	352	6.5
1927	5,692	303	5.3
1928	5,500	277	5.0
1929	5,585	277	4.9
1930	5,383	275	5.1
1931	5,338	242	4.5

(b) **Minor Ailments.**—There was nothing of any importance in this group.

(c) **Enlargement of Tonsils and Adenoids.**—At both routine and special inspections (a total of 2,530 medical inspections) the total number of these cases was 341, of which 118 required operation and 223 required further observation. During the year a total of 104 cases were in fact operated on. Among the 1,405 purely routine inspections there were a total of 251 cases of enlarged tonsils and adenoids, and of these 54 required operation and the remaining 197 were referred for further observation.

(d) **Tuberculosis.**—Two cases of definite pulmonary tuberculosis were discovered at special inspections and six cases of non-pulmonary disease at routine and special inspections.

(e) **Skin Disease.**—An improvement in the incidence of contagious skin diseases appears to go hand in hand with the improvements already referred to in general cleanliness. The following

table shows the number of cases of the principal contagious skin diseases found at routine and special inspections during the past six years.

YEAR.	IMPETIGO.	RINGWORM OF SCALP.	SCABIES.
1926	53	26	5
1927	57	14	16
1928	55	10	21
1929	47	8	5
1930	46	2	2
1931	32	2	3

(f) **External Eye Diseases.**—There were 32 cases of inflammatory diseases of the eye, *i.e.*, blepharitis, conjunctivitis and keratitis, being 14 less than in the previous year. The incidence of these inflammatory conditions has also steadily fallen during the past five years from 12 per thousand of the school population in 1927 to 6 per thousand in 1931. Seeing the close association which exists between the above eye conditions and the contagious skin diseases and general uncleanness, it is to be expected that any improvement in the latter will be shared by all. The number of cases of squint remained about the same, namely, 28.

(g) **Vision.**—The number of children who were found at routine and special inspections to have defective vision was 165 of which 116 needed treatment. At routine inspections the incidence of defective vision was 10.5 per cent.

(h) **Ear Disease.**—The number of cases of discharging ears was 55.

(i) **Dental Diseases.**—Out of 2,168 children inspected by the dentist, dental disease was present in 2,111, or 97.4 per cent.

(j) **Crippling Defects.**—23 cases of crippling defects were discovered, of which 6 required treatment.

VI.—INFECTIOUS DISEASE.

The suggestions of the Memorandum on Closure and Exclusion from School are followed. All children known to be suffering from infectious diseases are excluded from school by the certificate of

the school medical officer, and contacts are also excluded for the requisite period. All absentee children who are likely to be suffering from infectious disease are visited by the school nurses and also by the medical officer if necessary. There was no serious incidence of infectious disease, and no school or department had to be closed during the year.

Only 8 cases of scarlet fever among school children were notified and there was no case of diphtheria. There were fewer cases of chicken-pox and measles, but an average incidence of whooping-cough.

VII.—FOLLOWING UP.

Whenever at routine medical inspection a child is found to be suffering from any defect, a special card is made out and the child is seen periodically during the year. A record is kept of the condition, and whether treatment recommended has been carried out. The school nurses also visit these children when necessary for the purpose of following up the recommendations for treatment. During the year the school nurses made 164 visits with regard to defects found at medical inspections, and 123 visits to the parents of children who were found to be suffering from dental defects.

Certain children with defects such as running ears, enlarged glands, skin diseases, etc., attend the clinic regularly as specials, and their progress is carefully watched. In addition, the medical officer keeps a record of all exceptional children and examines them from time to time and notes their progress.

The schools are visited about every three months by the school nurses for the purpose of inspecting the pupils for cleanliness. During the year 15,482 examinations were made. The school nurses also visit the homes of those children who are found to be absent by the school attendance officers and appear to be in bad health. By this means infectious disease is often discovered. The senior school nurse attends the clinic daily for the treatment of minor ailments, and assists the medical officer and school dentist during the special sessions.

The following table gives a summary of the work of the school nurses during 1931.

SUMMARY OF SCHOOL NURSES WORK FOR 1931.

	Nurse Sherlock.	Nurse Blair.	Nurse Ottewell.	Nurse Gardiner.	Total.
Visits <i>re</i> Infectious Diseases	—	110	63	146	319
Visits <i>re</i> other Diseases	—	232	196	270	698
Visits <i>re</i> Inspection for Cleanliness	—	1	13	12	26
Visits to Schools for Medical Inspections	—	41	31	35	107
Special Visits to Schools	—	73	23	26	122
Visits to Schools for Cleanliness	—	47	44	71	162
Number of Children Examined for Cleanliness	—	5,229	5,286	4,967	15,482
Number of Notices issued <i>re</i> Verminous Condition	—	105	234	217	556
Number of Notices issued <i>re</i> other Defects	—	47	64	53	164
Visits <i>re</i> Medical Inspection Defects	—	59	61	44	164
Attendances at Refraction Clinic	13	3	—	—	16
Visits <i>re</i> Refraction Cases	—	23	29	58	110
Visits to Schools for Dental Inspections	—	4	5	3	12
Attendances at Dental Clinic	161	15	—	1	177
Visits <i>re</i> Dental Defects	—	58	59	6	123
Attendances at School Clinic	195	21	—	—	216
Attendances of Children at Minor Ailments Clinic	2,517	340	—	—	2,857
Visits to Housewifery Centre for Health Talks	9	—	—	—	9
Attendance at Orthopaedic Clinic	—	1	—	—	1

The following is an analysis of 1,017 visits paid by School Nurses to absentees from school on medical or alleged medical grounds :—

Infectious Diseases	301	Boils	14
Infectious Disease Contacts ..	18	Burns and Scalds	6
Influenza	95	Impetigo	21
Rashes, not defined	9	Injuries and Sprains	15
Bronchitis	63	Septic Wounds.. ..	49
Coughs and Colds	233	Pyrexia	1
Tonsillitis	52	Earache.. ..	3
Adenitis	21	Digestive Disturbances ..	12
Toothache	4	Miscellaneous Conditions ..	22
Otorrhoea	6	Fitness for School	1
Sickness and Diarrhoea	6	Out or returned to School when	
Rheumatism	5	visited	33
Debility.. ..	8	Swollen Glands	15
Styes	3	Defective Clothing	1

VIII.—MEDICAL TREATMENT.

If a child is found to be suffering from any disability requiring treatment, the parent is advised to consult the usual medical attendant. But for those who cannot afford to do so, special facilities exist.

(a) **Minor Ailments.**—The school clinic is open every morning for the treatment of minor ailments, and a nurse is present. The medical officer attends on two mornings a week.

There were 2,857 attendances for minor ailments during the year.

(b) **Tonsils and Adenoids.**—For the operative treatment of this defect the Committee has continued the existing arrangement with the Nottingham Throat, Ear and Nose Hospital. This scheme is eminently satisfactory, the operation being always well performed under favourable conditions and the children spend three nights in the hospital. The results of operation continue to be very satisfactory. The marked improvement which occurs in properly selected cases is very apparent and is fully recognised by the parents. Still it is necessary to emphasise the need for judicious selection. The operation should not be expected to perform impossibilities, and when doubt is expressed as to the efficacy of the operation it is a sign that the critic is passing judgment on a series of cases in which the indications for operation have been unsound. Definite rules with regard to the choice of patients for operation cannot be laid down so as to meet all cases and, as in the majority of the problems of medical science, success in selection can only be acquired by

experience. Particular care is taken in this area to recommend for operation only those cases in which benefit is likely to follow, and the majority of cases are examined on several occasions. Preliminary treatment to remove any septic condition of the mouth is given and an attempt is made to improve the environment and to supply adequate diet sufficient in the A and D vitamins. Frequent re-inspections are carried out so that those children who are not improving may be referred for operation without undue delay before deafness or middle ear disease has supervened. During the past year 96 children were operated on under the Authority's scheme, and 8 children underwent operation apart from the scheme. In many cases financial assistance towards the cost of treatment was given by the Authority.

(c) **Tuberculosis** is treated under arrangements made by the Derbyshire County Council. The Tuberculosis Dispensary is open on two half-days a week, and cases of definite or suspected disease are sent to be examined by the Tuberculosis Officer. Sanatorium treatment is available. One non-pulmonary case was treated at Bretby Hall, and four new cases of pulmonary disease were admitted to the Walton Sanatorium.

(d) **Skin Disease.**—Minor skin complaints are treated at the school clinic. Other cases are referred to the Skin Department of the Nottingham General Hospital.

(e) (f) A special eye clinic is held periodically by the ophthalmic surgeon appointed by the Authority at which the majority of cases dealt with are children suffering from errors of refraction. In the course of the year 239 children suffering from this defect were treated at the eye clinic, and spectacles were prescribed in 116 cases. As a result of following up a good proportion of children ultimately obtained glasses. No case of squint was operated on during the year.

(g) **Ear Diseases** were principally treated at the clinic, though a few cases were referred to the special hospitals.

(h) **Dental Defects.**—The scheme for the treatment of dental defects was extended according to plan, and a fresh age group was brought into the scheme. The number of children inspected was 2,168. The total attendances made by children for treatment was 2,972, compared with 1,931 in the previous year, and the number of fillings performed was 596, compared with 449. That the state

of the teeth of the children is far from satisfactory is shown by the fact that out of 2,168 individuals examined no less than 97 per cent. were found to require treatment. The necessity for dental treatment is now recognised by the majority of the parents, and they look more and more to the school dental scheme to supply the necessary treatment. This is indicated by the fact that treatment was accepted in 91 per cent. out of those cases in whom it was recommended. In these circumstances it is unfortunate to have to state that no further development of the dental service can take place until the extension of the school clinic has been carried out. As all the available times at which the clinic is free are now being utilised it will be impossible to bring in a fresh age group during the ~~current~~ *following* year.

(i) **Crippling Defects.**—Children suffering from crippling defects which have been ascertained at routine and special inspections are examined periodically by the orthopaedic surgeon appointed by the Authority and advice as to treatment is given. In-patient treatment is available at Bretby Hall Orthopaedic Hospital in accordance with the scheme and financial help in deserving cases is given both for in-patient treatment and for the supply of surgical appliances. During the year two cases were treated at Bretby with good results. The establishment of a regular orthopaedic clinic has been planned, but is unfortunately obliged to be held in abeyance until the school clinic is extended. There is an urgent need for such a clinic. Although several children obtain treatment at the hospitals in the neighbouring towns, the distance too often prevents their regular attendance.

IX.—OPEN-AIR EDUCATION.

Open-air classes are held in the playgrounds when the conditions are favourable. Journeys have been made to places of interest. The Derbyshire Schools' Camping Association held a camp at Sutton-on-Sea which was attended by 57 boys and girls. This number included ten children whose expenses were provided by the Ilkeston Rotary Club. There are no open-air classrooms and no residential or day open-air schools. The establishment of an open-air school, for which there is a distinct need, was included in the educational programme, but has been postponed owing to the present financial stringency.

X.—PHYSICAL TRAINING.

Physical Exercises.—These form an important subject in the curriculum, and in the case of the younger pupils take the form of drill, free movements and games. The classes are held out of doors whenever possible. A nucleus of gymnastic apparatus has now been supplied to all the senior schools, the present equipment in each school consisting of a vaulting plinth, a beating board, an agility mattress, two gymnasium mats and four balancing benches. In addition, in two schools climbing ropes and double booms are provided. Those children who possess some physical disability for which certain exercises would be detrimental are excluded from such drill by the medical officer.

Organised Games.—Arrangements exist for the use of some kind of playing field for every school. Only the Bennerley Schools, however, possess a ground which is the property of the Education Committee, and the condition of this ground has been greatly improved in the last few months. The opportunity of acquiring playing fields quite close to three or four other schools still exists, and the acquisition of such grounds as a permanent measure should be seriously considered before they fall into the hands of the builder. Games will always form an important part in the corporate life of a school, and are essential for the building up of health and the moulding of character, while the provision of playing fields adjoining the schools would save the time taken up by a journey to a distant ground. The boys have the use of four cricket pitches at the Rutland Recreation Ground on four afternoons during the week and on Saturday mornings. The girls play netball on the school playgrounds, and for the purpose of tennis they have the use of six courts on the Rutland Ground on four afternoons a week and two courts on the Bennerley playing fields. Athletic sports are held by each school, and there is also an annual sports meeting at which all the schools take part.

Swimming.—This takes place in the open-air Corporation Swimming Bath and forms part of the curriculum of the senior schools at no cost to the children. The baths are well patronised by the school children out of school hours, and a swimming gala is held annually. Learners certificates are awarded to learners who can swim 20 yards with the breast stroke. 46 of these were given during the year. A 1st class certificate was issued to 31 children who were

able to swim 50 yards with the breast stroke and 54 yards on the back. In addition to these 23 2nd class certificates were granted.

Dancing.—The younger children are taught action songs and the older girls learn country dancing, which is of great value in teaching grace of movement and co-ordination of action.

XI.—PROVISION OF MEALS.

For those children who are recommended by teachers and confirmed by the school medical officer as suffering from malnutrition which is such as to prevent them from deriving full benefit from the instruction given in the schools, a feeding centre is established at the cookery school situated at Gladstone School in the centre of the town. The medical officer also selects cases of malnutrition whom he may find either during medical inspection or from those referred to him at the clinic and recommends their attendance at the feeding centre.

Two meals are given a day, namely, breakfast and dinner, and the centre is open to all through the holidays, but not on Sundays. The average daily attendance was 32, and the number of individual children for whom meals were provided was 59. The average cost per meal was $4\frac{1}{2}d.$ when all expenses, including the cost of conveyance, were taken into account, though the average cost per meal for food only, was 1.97 pence. The tram fares of children who attend from a distance are paid by the Authority.

The centre is periodically visited by the medical officer, and the food and menu is examined and advice given. The meals are nourishing and well cooked, and the beneficial effect which they have on the children who attend regularly is well marked. Considering the hard times which most people are experiencing it seems a pity that more use is not made of the centre. The fact remains, however, that parents are often reluctant from sentimental reasons to send their children to the feeding centre.

XII.—SCHOOL BATHS.

Only one school, the new senior Cavendish School, possesses a bath, which is fairly well patronised by the pupils of both sexes. The arrangements for bathing are carried out under the supervision of the head teachers.

XIII.—CO-OPERATION OF PARENTS.

Before a routine medical inspection is held, the parents of the children to be examined are notified, and an opportunity is given for them to be present. On the whole, the attendance of parents at inspections is satisfactory, and is especially good in certain schools. The attendance of parents at the routine inspections of the three different categories of children held during the year was as follows :—Entrants, 90 per cent. ; Intermediates, 72 per cent. ; and Leavers 31 per cent. When a child is found to be defective, the parent is notified and informed of the treatment recommended. If the parent does not consent to treatment within a short time, the school nurse pays a visit and points out to the parent the need for treatment, and the method of obtaining the treatment suitable to the special case. When necessary, these visits are repeated and are the most successful means of gaining the co-operation of the parents.

It is found that as a general rule the parents appreciate the advice which is tendered and in most cases carry out the instructions given by the medical department. Just as there are exceptions to every rule so there are a few stubborn parents whose mentality is such that no amount of reasoning can make them realise the future results to their children of defects left unremedied. Fortunately this kind of parent is the exception.

XIV.—CO-OPERATION OF TEACHERS.

As in former years the head teachers and their staff have greatly facilitated the work of the medical department. They have prepared the necessary lists of children for routine and other inspections, and the head teachers have willingly lent the use of their own rooms for the purpose of the examination, other suitable accommodation being sadly lacking at most schools. Any special instructions with regard to individual children have been faithfully carried out. The whole teaching staff has fully entered into the spirit of Health Week and their co-operation has helped to make the effort an outstanding success.

XV.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

During the year the superintendent has supplied the medical department with lists of absent children. The children are then

visited by the school nurses and the result is communicated to the school attendance officers. The list is also reviewed by the medical officer, who can in this way keep himself informed with regard to the incidence of any disease among the school children. Reports showing the weekly attendance at the different schools have also been furnished so that the reason for any unusually poor attendance could be investigated. The attendance officers also send to the clinic any children who appear to be in need of medical advice or treatment.

XVI.—CO-OPERATION OF VOLUNTARY BODIES.

The Derbyshire Schools' Camping Association has been already mentioned as the organisers of a camp to which children go from this area. The annual Health Week is arranged in co-operation with the Derbyshire Health Week Committee. At the Royal Institution for the Deaf in Derby several children who are totally deaf are maintained. The National Society for the Prevention of Cruelty to Children, through their energetic district inspector, is always ready to give any assistance in its power. The Tuberculosis After Care Committee is willing to help in the welfare of tuberculous school children. Medical treatment for the children is available and is made full use of at the Ilkeston Hospital and at the various hospitals in Derby and Nottingham. The Ilkeston Rotary Club sent ten children to the annual camp and the British Legion has assisted children in various ways. Several children have benefitted in health by a stay at the Convalescent Home at Bonsall.

XVII.—BLIND, DEAF AND EPILEPTIC CHILDREN.

(a) Defective children are ascertained by the medical officer at routine and special inspections at the schools and during examination at the clinic. They are also discovered as a result of visits of the school nurses, and reports made by the attendance officers and teachers. Many defective children are in fact ascertained before they reach school age through the work of the school nurses when acting as health visitors, and a list of such children is maintained. Special efforts are made to discover mentally deficient children by examining those children who are reported by the teachers as being backward. A comprehensive record on a card system is kept of all defective and exceptional children, and medical examinations are made from time to time and necessary treatment is advised.

There are no totally blind school children, but there are 10 children whose vision is so defective that they are unable to use the ordinary school books. Special arrangements, which were described in the last report, are made at the child's ordinary school for instruction to be given in such a manner that no further damage to the vision is likely to occur.

There are four totally deaf children who are maintained by the Authority at the Royal Institution for the Deaf at Derby.

One child suffers from epilepsy which is so severe that he is prevented from attending school, and there are two children attending school who suffer from epilepsy of a mild type.

The number of school children with definite heart disease is 38. Of these 28 children were attending school at the end of the year ; while 10 were excluded on account of the severity of the defect.

(b) Those mentally defective children who are regarded as educable are taught in special classes in many schools and their progress is watched by the medical officer. Those defectives who are ineducable are reported to the County Authority under the provisions of the Mental Deficiency Act.

(c) No Special School is maintained by the Authority.

XVIII.—NURSERY SCHOOLS.

There are no Nursery Schools belonging to this Authority, but their establishment is under consideration.

XIX.—SECONDARY SCHOOLS.

XX.—CONTINUATION SCHOOLS.

These do not come within the power of this Authority.

XXI.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

With regard to the employment of children under 14 years of age the Director of Education, in a report, states that as a result of an enquiry it was found that 104 boys and 11 girls between the ages of twelve and fourteen were employed, and that of these 24

boys and 2 girls were employed before school hours. During school terms the average number of hours worked per week by boys was twelve and by girls nine. Fifty boys and six girls were employed in the delivery of newspapers.

Young persons between the age of fourteen and sixteen years if of average ability were usually successful in obtaining employment. In order to assist school leavers to obtain the right kind of employment, conferences were held in the senior schools towards the end of each term at which children about to leave school were interviewed by a member of the local Juvenile Advisory Committee.

In the case of juveniles over sixteen years the amount of unemployment was serious and even worse than during the previous year. The only redeeming feature was the marked increase of employment among girls which took place during the last three months of the year, owing to a revival of trade in the textile industries, following the abandonment of the gold standard.

There is close co-operation with the local Juvenile Employment Committee. The Chairman of the Education Committee is also the Chairman of the Juvenile Employment Advisory Committee, and it should be mentioned that he is also a member of the National Advisory Council of the Ministry of Labour. Several other members of the Education Committee, as well as the Director of Education, School Medical Officer and Superintendent School Attendance Officer, are also members of the local Advisory Committee.

XXII.—SPECIAL ENQUIRIES.

Vaccination.—Among the children who underwent routine inspection during the year the percentage number of children found to be vaccinated against small-pox was as follows :

Entrants	..	..	30 per cent.
Intermediates	..	..	42 „
Leavers	..	..	38 „

Attendance of Parents.—The attendance of parents at routine inspections held during the year was as given below. It is usual to find that parents attend most often when the youngest children are being examined.

Entrants	..	..	90 per cent.
Intermediates	..	..	72 „
Leavers	..	..	31 „

Mortality among School Children.—Seven deaths occurred among children of school age during the year, and were due to the following causes :

Influenza	..	..	..	..	1
Tuberculous Meningitis	..		..		1
Valvular Heart Disease	..		..		1
Broncho-pneumonia	..		..		3
Run over by motor car	..		..		1

XXIII.—MISCELLANEOUS.

(1) **Health Week.**—This was held in October and comprised a few changes from the plan adopted in former years. A lecture, illustrated by lantern slides, was given by the school medical officer in the Town Hall to eleven different batches of school children from the junior, senior and secondary schools. Altogether over 3,000 children attended the lectures. Prizes were given to the writers of the best essays on the subject matter of the lecture, and the resulting essays were very satisfactory. Health posters were drawn by many scholars and were exhibited in the lecture hall. During the week special lessons on health subjects were given by the teachers. At the infant schools short health plays and action songs were performed in a very creditable manner by the children. On two afternoons health films were shown at the King's Picture House to parties of children drawn from both junior and senior schools. During the previous week certain places of health interest were visited by parties of teachers who subsequently gave lessons on the subject of their visits to the children. The places visited included the Whatstandwell Water Works, the Midland Agricultural and Dairy College, the Derbyshire and Nottinghamshire Electric Power Station and Bretby Hall Orthopaedic Hospital.

(2) **Housewifery Centre.**—This is a small house owned by the Education Committee to which parties of a dozen senior girls at a time are sent for a month's instruction in housewifery and care of the home. For the first three months of the year lectures in hygiene and infant management were given once a week to the girls by the senior health visitor and school nurse. These lectures unfortunately had to cease owing to the pressure of work at the school clinic, but it is hoped that they will be resumed when the clinic is enlarged. Arrangements were made for the girls to visit the Maternity Home and receive instruction in the bathing of infants.

(3) **School Clinic.**—It is to be hoped that the extension of the school clinic will soon materialise. The present building has been purchased from the County Council, and the plans of the proposal with regard to extension are now being considered by the Board. The need for enlargement of the clinic is one of the most urgent requirements of the school medical service in this area. Its delay is preventing the normal development of the dental scheme and is also holding up the establishment of a full orthopaedic scheme. The overcrowding of the waiting room is considerable, and the facilities for the treatment of minor ailments is seriously handicapped.

(4) **Teaching of Domestic Science.**—A special subjects room was opened at Bennerley School in January. All the senior girls' schools are now equipped for the teaching of domestic science. Approved methods of the preparation of food are taught and instruction is given concerning food values and marketing and the application of chemistry and physiology to the care and management of the home. Such instruction is of the greatest importance as a foundation for mothercraft and homecraft, and is certain to have a beneficial effect on both the present and the succeeding generation. Laundry work is also taught and needlework as applied to the home, while the boys receive instruction in handicraft.

(5) **Coalfields Distress Fund.**—This fund has been carefully nursed, and has been of much service in alleviating deserving cases of distress. Issues of boots and clothing have been made on the same lines as before after careful investigation.

The following lists show the number of articles distributed during 1931.

Boots 278 pairs.

BOYS' CLOTHING.			GIRLS' CLOTHING.		
Jerseys ..	..	8	Vests ..	..	0
Knickers ..	..	7	Hose ..	..	4
Shirts ..	..	26	Knickers ..	..	3

XXIV.—STATISTICAL TABLES.

MEDICAL INSPECTION RETURNS.

Table 1.—Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

No. of Code Group Inspections—

Entrants	..	..	..	..	..	445
Intermediates	..	..	..	..	..	504
Leavers	..	..	..	..	..	456
TOTAL						1,405
No. of other Routine Inspections	..	..	..	..	..	—

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	1,125
No. of Re-Inspections	..	..	..	1,583
TOTAL				2,708

TABLE II.

A.—Return of defects found by Medical Inspection in the Year ended 31st December, 1931.

DEFECT OR DISEASE.				Routine Inspections		Special Inspections.	
				No. of	Defects.	No. of	Defects
				Re- quiring Treat- ment.	Requiring to be kept under ob- servation but not requiring Treatment.	Re- quiring Treat- ment.	Requiring to be kept under ob- servation but not requiring Treatment.
(1)				(2)	(3)	(4)	(5)
Malnutrition				—	20	7	—
Uncleanliness				7	2	12	—
Skin	Ringworm :			—	—	2	—
	Scalp	..	..	—	—	2	—
	Body	..	..	—	—	2	—
	Scabies	..	..	—	—	3	—
	Impetigo	..	..	8	—	24	—
Other Diseases (Non-Tuberculous)				2	3	25	16

TABLE II.—continued.

DEFECT OR DISEASE.		Routine Inspections		Special Inspections.	
		No. of	Defects.	No. of	Defects.
		Re- quiring Treat- ment.	Requiring to be kept under ob- servation but not requiring Treatment.	Re- quiring Treat- ment.	Requiring to be kept under ob- servation but not requiring Treatment.
(1)		(2)	(3)	(4)	(5)
Eye	Blepharitis	4	—	12	—
	Conjunctivitis	—	—	16	—
	Keratitis	—	—	—	—
	Corneal Opacities	—	—	1	—
	Defective Vision (excluding Squint).	101	47	15	2
	Squint	13	2	13	—
	Other Conditions	—	1	7	6
Ear	Defective Hearing	4	7	15	1
	Otitis Media	14	1	40	—
	Other Ear Diseases	—	1	11	3
Nose and Throat	Enlarged Tonsils only	8	123	35	20
	Adenoids only	—	13	1	2
	Enlarged Tonsils and Adenoids	46	61	28	4
	Other Conditions	—	2	20	17
Enlarged Cervical Glands (Non- tuberculous)		2	51	1	16
Defective Speech		—	3	—	2
Teeth—Dental Diseases		788	—	63	—
Heart and Circulation	Heart Disease :				
	Organic	—	20	6	3
	Functional	—	12	5	3
Lungs	Anæmia	10	8	16	3
	Bronchitis	10	34	36	7
	Other Non-tuberculous Diseases	—	28	16	7
	Pulmonary :				
	Definite	—	—	1	—
	Suspected	—	4	1	18
	Non-Pulmonary :				
Tuber- culosis	Glands	1	—	2	—
	Spine	—	—	—	—
	Hip	—	—	—	—
	Other Bones & Joints	1	—	1	—
	Skin	—	—	—	—
	Other forms	1	—	—	—
Nervous System	Epilepsy	—	1	2	1
	Chorea	1	—	7	1
	Other Conditions	—	2	3	5
Deformities	Rickets	1	—	—	—
	Spinal Curvature	—	2	—	—
	Other Forms	1	13	2	2
Other Defects and Diseases		17	41	225	297

B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP. (1)	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
Code Groups :—			
Entrants	445	50	11.1
Intermediates	504	82	16.2
Leavers	456	84	18.4
Total (Code Groups)	1,405	216	15.3
Other Routine Inspections ..	—	—	—

TABLE III.

**Numerical Returns of all Exceptional Children in the Area.
1931.**

			Boys.	Girls.	Total
Children suffering from Multiple Defect, <i>i.e.</i> , any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling, or Heart Disease			2	—	2
Blind (including partially blind)	(1) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
	(2) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind	—	—	—
		At Public Elementary Schools	7	3	10
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
	(1) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf	2	2	4
		At Public Elementary Schools	—	—	—
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—

TABLE III.—continued.

			Boys.	Girls.	Total
Deaf (including deaf and dumb and partially deaf).	(2) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf ..	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
Mentally Defective.	Feeble-minded.	At Certified Schools for Mentally Defective Children	—	—	—
		At Public Elementary Schools	18	16	34
		At other Institutions ..	—	—	—
		At no School or Institution	4	1	5
	Notified to the Local Mental Deficiency Authority during the year.	Details should be given on Form 307M.	3	0	3
Epileptics.	Suffering from severe epilepsy.	At Certified Schools for Epileptics	—	—	—
		At Certified Residential Open Air Schools ..	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions ..	—	—	—
		At no School or Institution	1	—	1
	Suffering from epilepsy which is not severe.	At Public Elementary Schools	1	1	2
		At no School or Institution	—	—	—
Physically Defective.	Active pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	1	2
		At Certified Residential Open Air Schools ..	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions ..	—	—	—
		At no School or Institution	1	1	2
	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools ..	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	5	2	7
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—

TABLE III.—continued.

		Boys. Girls. Total			
Physically Defective (continued).	Tuberculosis of the peri- pheral glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open Air Schools ..	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	5	3	8
		At other Institutions ..	—	—	—
		At no School or Institution	—	2	2
		<hr/>			
Abdominal tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—	
	At Certified Residential Open Air Schools ..	—	—	—	
	At Certified Day Open Air Schools	—	—	—	
	At Public Elementary Schools	1	—	1	
	At other Institutions ..	—	—	—	
	At no School or Institution	—	—	—	
	<hr/>				
Tuberculosis of bones and joints (not including de- formities due to old tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	1	1	
	At Public Elementary Schools	2	—	2	
	At other Institutions ..	—	—	—	
	At no School or Institution	—	1	1	
	<hr/>				
Tuberculosis of other organs (skin, etc.).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—	
	At Public Elementary Schools	—	2	2	
	At other Institutions ..	—	—	—	
	At no School or Institution	—	—	—	
	<hr/>				
Delicate Children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Residential Cripple Schools	—	—	—	
	At Certified Day Cripple Schools	—	—	—	
	At Certified Residential Open Air Schools ..	—	—	—	
	At Certified Day Open Air Schools	—	—	—	
	At Public Elementary Schools	12	8	20	
	At other Institutions ..	—	—	—	
	At no School or Institution	4	1	5	

TABLE III.—continued.

			Bops.	Girls.	Total.
Physically Defective (continued)	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools ..	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	10	14	24
		At other Institutions ..	—	—	(2)
		At no School or Institution	2	3	5(4)
(The numbers in brackets indicate the number of these children who should be receiving Special School Education.)					
<hr/>					
	Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools ..	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	12	16	28
		At other Institutions ..	—	—	—
		At no School or Institution	3	7	10

TABLE IV.

Return of Defects Treated during the Year ended
31st December, 1931.

Treatment Table.

Group I.—Minor Ailments (excluding Uncleanliness for which see Group V.)

DISEASE OR DEFECT.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :			
Ringworm—Scalp	2	—	2
Ringworm—Body	2	—	2
Scabies	3	—	3
Impetigo	157	—	157
Other Skin Disease	17	—	17
Minor Eye Defects :			
(External and other, but excluding cases falling in Group II.)	68	—	68
Minor Ear Defects.. .. .	66	—	66
Miscellaneous (<i>e.g.</i> minor injuries, bruises, sores, chilblains, etc.)	165	—	165
TOTAL	480	—	480

TABLE IV.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments, Group I.)

DEFECT OR DISEASE.	NO. OF DEFECTS DEALT WITH.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Other-wise.	Total.
Errors of refraction (including Squint), Operations for Squint should be recorded separately in the body of the Report)	237	3	—	240
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ..	2	—	2	4
TOTAL ..	239	3	2	244

Total number of Children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	116
(b) Otherwise	3

Total number of Children who obtained or received spectacles :—

(a) Under the Authority's Scheme	95
(b) Otherwise	3

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.				
RECEIVED OPERATIVE TREATMENT.			Received other forms of Treatment.	Total Number Treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
96	8	104	—	104

Group IV.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :—

ROUTINE AGE GROUPS.								
7	8	9	10	11	12			
380	323	313	368	424	354		Total..	2,162
							Specials	6
							Grand Total..	<u>2,168</u>
(b)	Found to require Treatment					..	..	2,111
(c)	Actually Treated					..	..	2,010

(2) Half-days devoted to :—

Inspection	11	} Total 188
Treatment	177	

(3) Attendances made by children for treatment 2,972

(4) Fillings :—

Permanent teeth	474	} Total 596
Temporary teeth	122	

(5) Extractions :—

Permanent teeth	49	} Total 4,275
Temporary teeth	4,226	

(6) Administrations of general Anæsthetics for extractions Nil.

(7) Other operations (Dressings and Scalings) 446

Group V.—Uncleanliness and Verminous Conditions.

- (1) Average number of visits per school made during the year by the School Nurses 10.9
- (2) Total number of examinations of children in the schools by School Nurses 15,482
- (3) Number of individual children found unclean 242
- (4) Number of children cleansed under arrangements made by the Local Education Authority Nil.
- (5) Number of cases in which legal proceedings were taken :—
- (a) Under the Education Act, 1921 Nil.
- (b) Under School Attendance Byelaws Nil.



